2008 Physician Attrition Report

IQS Research

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Program Overview and Objectives

The Metropolitan Medical Society of Greater Kansas City's physician attrition survey is one part of a multi-part study conducted by Metro Med and IQS Research. The purpose of the physician attrition survey is to help us better understand trends in the profession, physician recruitment needs, and the overall contribution of physicians to the Kansas City community.

The survey questions cover an array of topics ranging from community service to retirement plans. Using the results from the survey, Metro Med may be able to prepare for changes in the profession and in the community.

Methodology

The physician attrition survey was mailed to 3,000 physicians in the Kansas City metropolitan area, including 813 physicians who are members of Metro Med. The thirty-seven question surveys were mailed June 30, 2008, and the data collection ended September 5, 2008. Participants also had the option to complete the survey online. During that time period, Metro Med sent reminders to their members encouraging participation in the study.

Four surveys were returned to IQS Research as undeliverable. Of the remaining 2,996 surveys, 393 were completed and returned for a response rate of 13%. This allows us have a 95% confidence level with a 4.61 margin of error.

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Executive Summary

Three hundred ninety-eight physicians responded to the survey. The majority of respondents work in a private practice in Family Practice/Internal Medicine. Most respondents are also male and between the ages of 46-55. Typically, the respondents have been practicing in the Kansas City area for 26 years or longer. Twenty-three percent of respondents were born in the Kansas City area.

For those respondents who were not born in Kansas City, the allure of the city when they moved to the area was generally career opportunities, having family or friends in the area, and living in an area with Midwestern values. Two of those factors, family and values, are still mentioned by respondents when they were asked about recruitment in Kansas City and today's appeal of the city to others.

Most respondents are working in smaller practices, having less than 10 full-time and part-time physicians, as well as 10 or fewer non-physician employees. Currently, 44% of practices have open positions for physicians, but 74% are anticipating the need to recruit for new physicians over the next 5 years. This may cause concern for some physicians since 36% believe that recruiting physicians to Kansas City is *very* difficult. Another 23% believe the process to be difficult. Reasons cited for this difficulty include low reimbursements compared to other similar cities, low salaries, and high malpractice.

Although there were complaints from respondents about the low salaries, low reimbursements, and the overall environment in the medical field over recent years, 61% said they would still choose to become a physician if given the chance again. Another 13% said they would, but they would practice in a different specialty or region. Eleven percent said they would not choose the same career.

Thinking about physician attrition in Kansas City, we asked respondents how likely they were to retire within the next 3 years, 5 years and 10 years. You will notice in the comments of the report that there are extreme differences in the way some people feel about the profession. While some physicians never want to retire, others would leave today if they could support themselves financially. Below are the percentages of people who are highly likely to retire.

- Within the next 3 years- **8%**
- Within the next 5 years- **20%**
- Within the next 10 years- **40%**

Twenty-six percent of respondents are involved in clinical research. Of those people, most (73%) focus 1-10% of their time on clinical research each year. Small numbers of their staff are involved in clinical research as well, however, others in their office devote more time to clinical research than the respondent's themselves. The respondents said that 24% of the staff in their office spends more than half of their time on clinical research.

Focusing on the respondents and their community involvement, we found the majority of respondents spend less than 5 hours per month performing community service, both medical and non-medical. The medical service most frequently mentioned was providing free services to patients, and church related activities were mentioned the most for non-medical services.

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Respondent Overview

To gain an understanding of the respondents and how they might impact the Kansas City community, the survey began by asking respondents demographic questions. Based upon the responses of participants, the typical physician in this study is a male between the ages of 46-55, practicing in the area of Family Practice/Internal Medicine, and operating in a private practice. The typical physician in Kansas City has also been living and practicing in the area for an extended time- 26 years or longer.

This "typical" physician is derived from the top scoring responses of the demographic questions. Exhibit 1 illustrates the top scores for each characteristic, and the detailed results for each question follow.

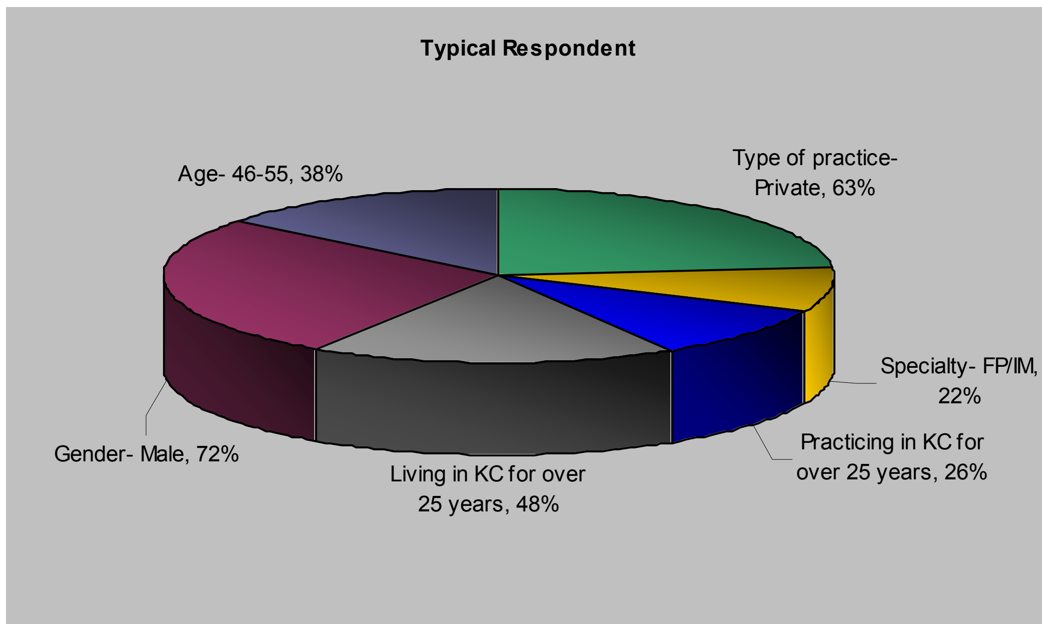

Exhibit 1

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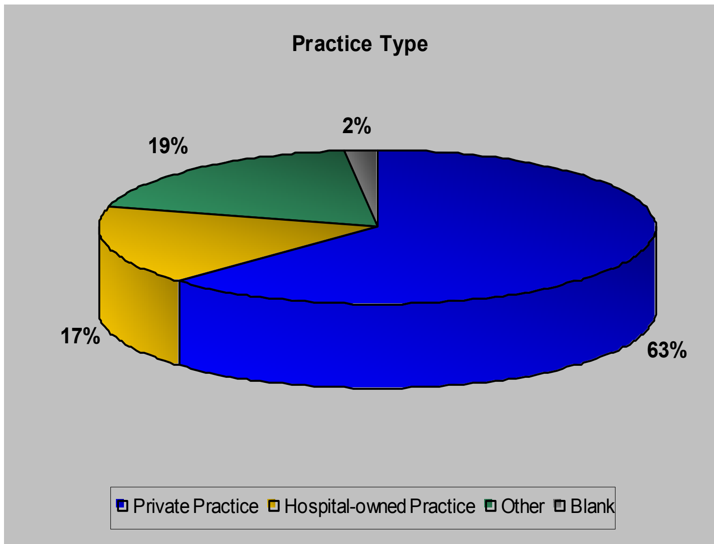

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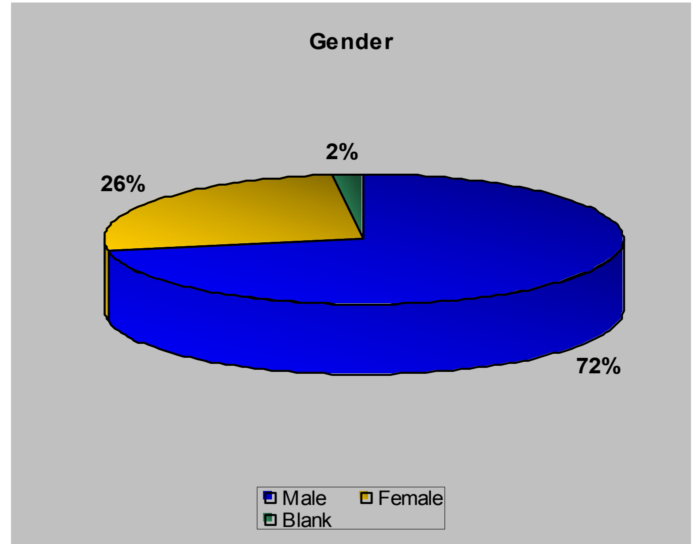
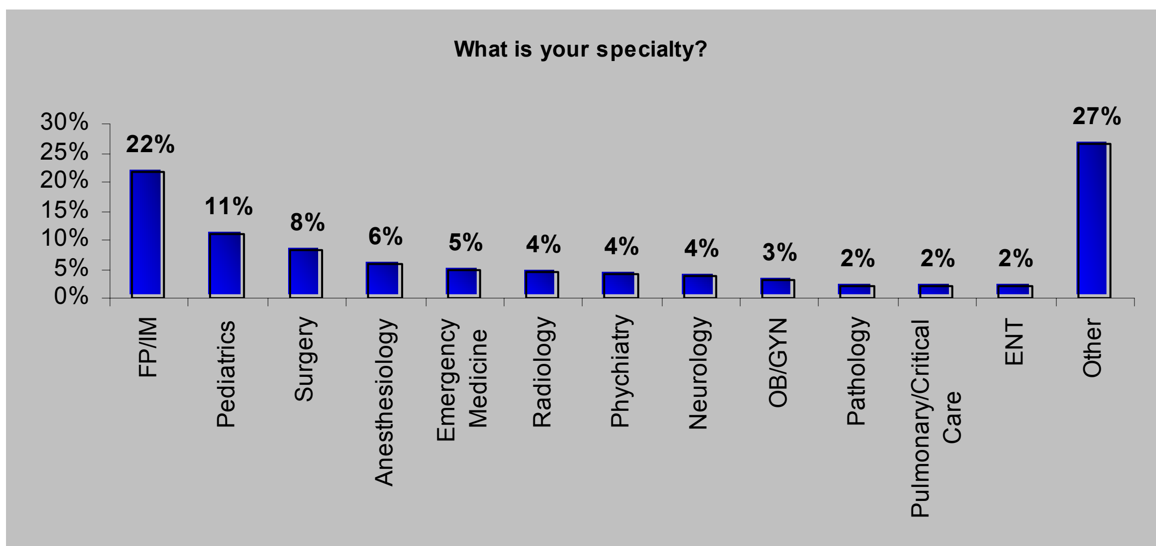


Exhibit 3

When "Other" was chosen for the private practice question, we asked the respondents to specify their type of practice. Listed below are the top 3 other responses:

- Academic/University
- Hospital
- Community Center

Any other responses total less than 10% individually and include consultant, regional medical lab, and non-profit hospice.



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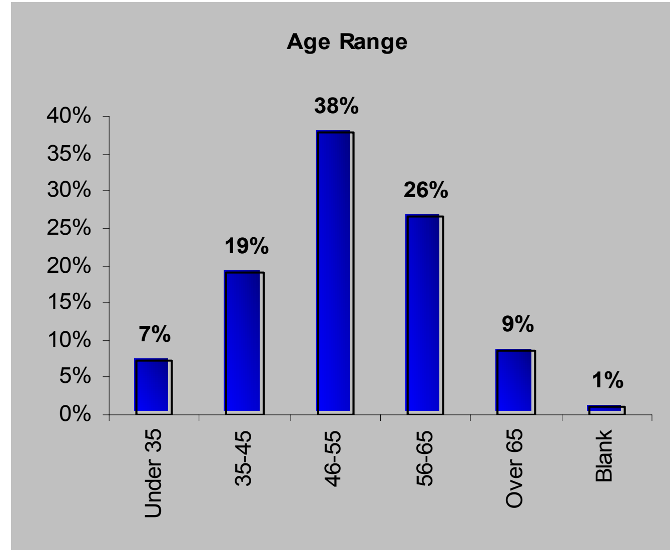

Exhibit 5

Our respondents are also typically working in smaller practices. We asked participants to provide us with the number of employees in their practice that worked as full-time and part-time non-physicians and full-time and part-time physicians. For all categories, 10 or fewer was chosen with the highest frequency.

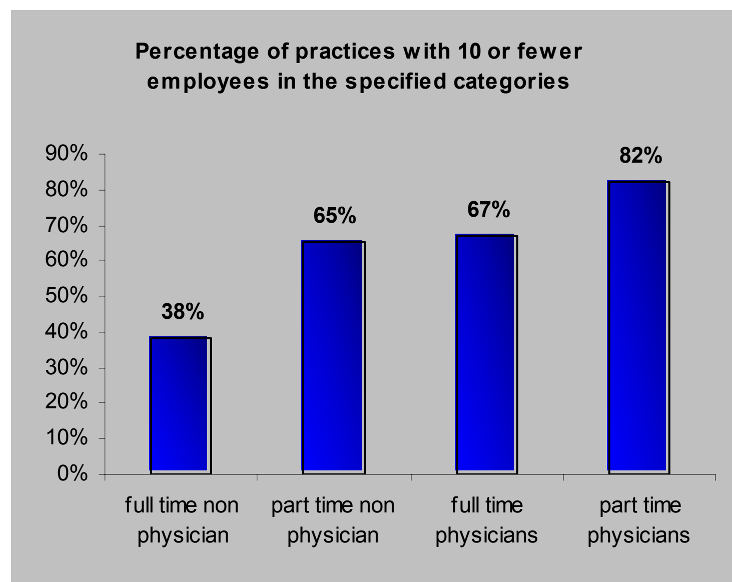

Exhibit 6

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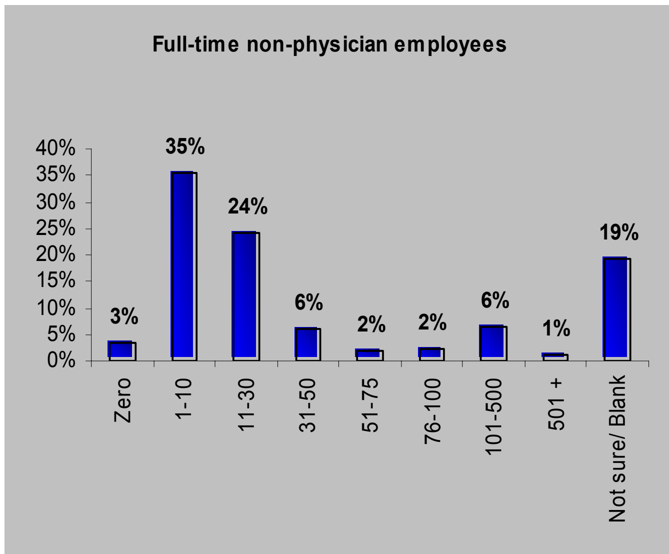
The individual results for each category are presented below.



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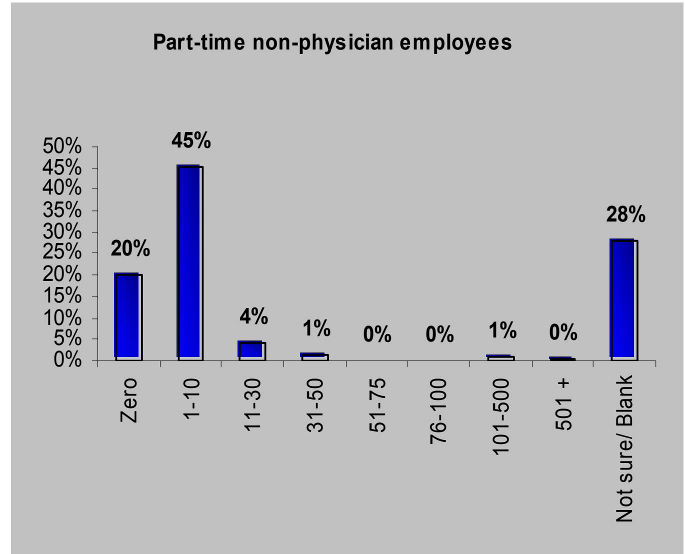

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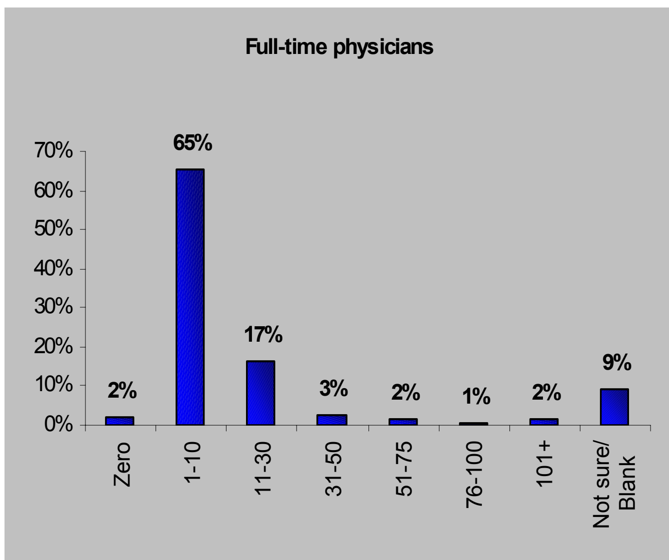

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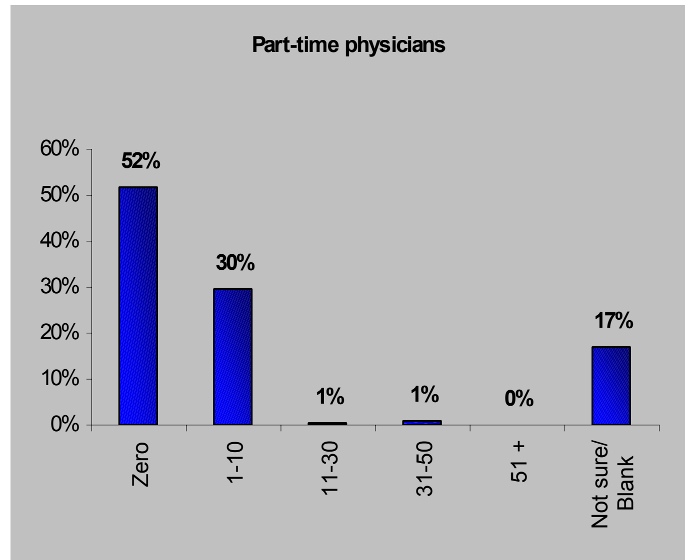

Exhibit 10

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Migration to Kansas City

There has been a decline in the number of physicians that have moved to the Kansas City area in recent years. Information from the respondents indicates that the decline actually began about 25 years ago, but during the past 10 years, the decline has increased slightly.

Forty-eight percent of respondents have lived in Kansas City for 26 years or longer. Removing those respondents who were born/raised in the area, we are left with 25% that moved to the area over 25 years ago; this is still 14% more than the next highest mentioned time frame.

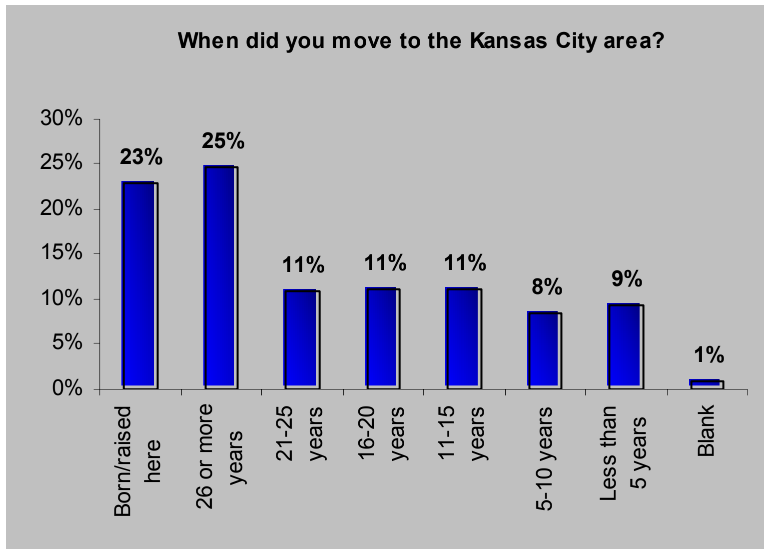

Exhibit 11

As we would expect to see, most respondents (26%) have also been practicing in the Kansas City area for 26 years or more. There was a fairly even distribution of responses for the other categories of less than 5 years to 21-25 years. Those responses range from 12% to 16%.

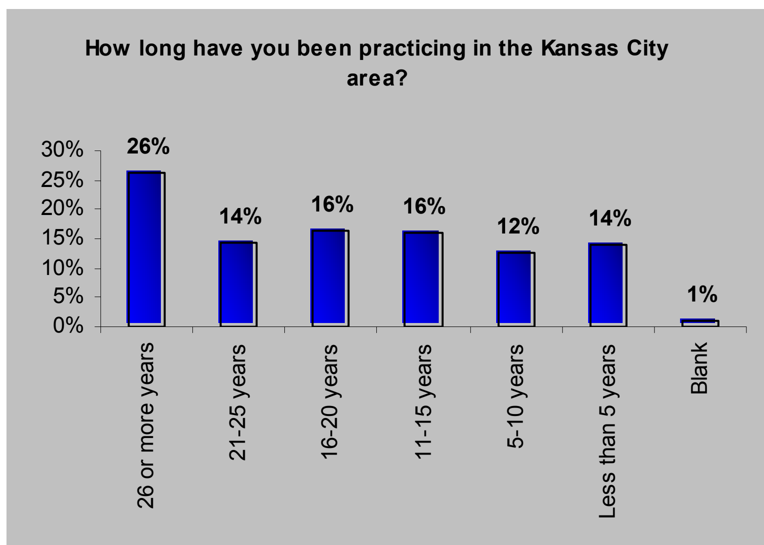

Exhibit 12

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Unless a respondent was born or raised in the Kansas City area, they were asked to identify the top 3 reasons they moved to the area. Seven pre-listed choices were available for the respondents, but they also had the option to write-in their own response if those choices were not applicable.

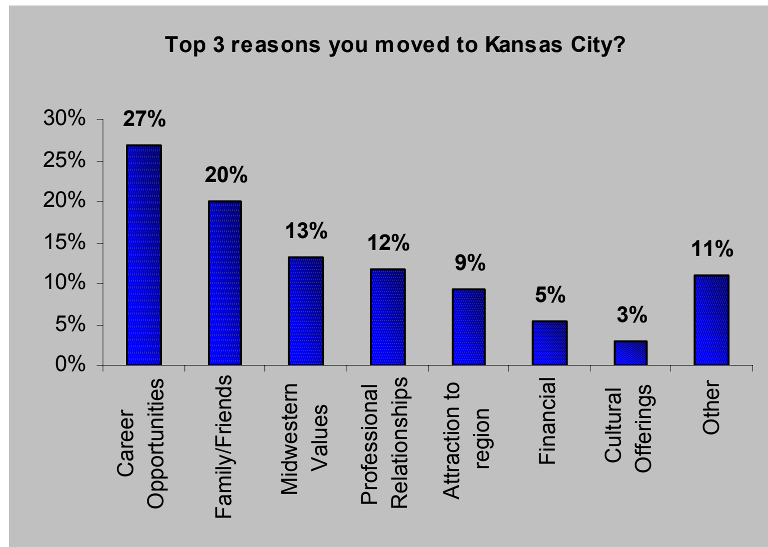

Exhibit 13

Career opportunities captured most of the responses at 27%, followed by family/friends at 20%. Midwestern values rounded off the top 3 at 13%. The other top 3 reasons that respondent's wrote-in are below:

- School
- Spouse
- Residency

The remaining responses include easier life, parents moved, closer to home, great place to raise a family, former mentor moved from California and I came along, teaching institution, trained in KC, NHSC assignment, and KU sports.

In order to see if the reasons for moving to Kansas City were affected by the time period in which respondents moved to the area, we cross analyzed those two questions. What we found is that most physicians, no matter the time period, relocated because of career opportunities. However, the respondents who moved to the area over 25 years ago indicated most often that they moved not for career opportunities but because of medical school.

Moved to Kansas City	Top reason for moving
Less than 5 years ago	Career Opportunities
5-10	Career Opportunities
11-15	Career Opportunities
16-20	Career Opportunities
21-25	Career Opportunities/Family/Friends
26 or more	Other- Almost 100% Medical School

Exhibit 14

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Recruitment

The physicians in this study have obviously chosen to live in the Kansas City area, whatever their reasons may be. Due to factors such as relocation, retirement and population changes, there may be a need to recruit more physicians to Kansas City. The respondents believe recruitment will be necessary very soon; 44% currently have open positions for physicians in their practice, and seventy-four percent of respondents anticipate the need to recruit more physicians for their practice in the next 5 years.

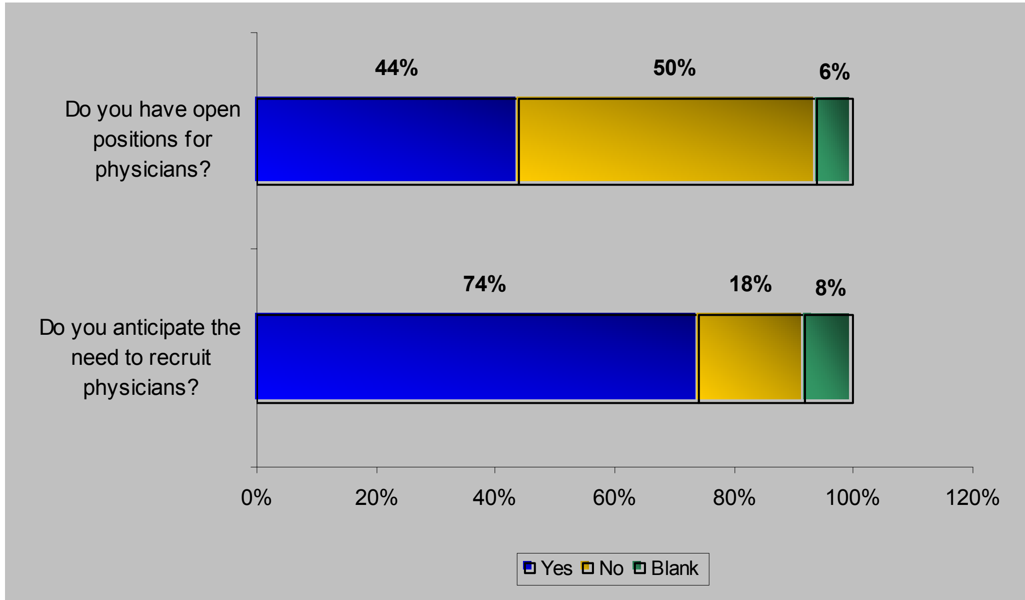

Exhibit 15

Assessing the difficulty of recruiting physicians to the Kansas City area, 36% of respondents find it highly difficult to recruit physicians to the area. Respondents were asked to rate the difficulty on a 1-7 scale with 1 meaning Not Difficult At All and 7 meaning Extremely Difficult. Fifty-nine percent believe recruitment is highly difficult. (Sum of 5, 6 and 7 scores.)

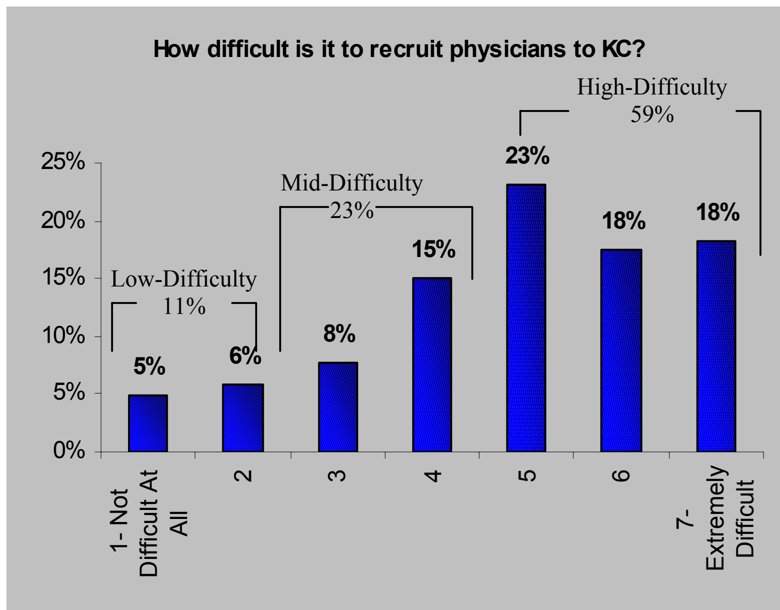

Exhibit 16

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Eleven percent believe physician recruitment is not very difficult. (Sum of the 1 and 2 scores.) The remaining respondents are in the middle of the distribution, scoring the difficulty at a 3 or 4. Regardless of the score the respondent gave, we asked why they selected the rating they did.

The full range of responses will be presented, however, below is a summary of responses from the three different categories.

Low Difficulty (1 and 2 scores):

Respondents from this group typically cite their personal experiences with recruitment and the ease of their practice finding physicians. A small number of people also mentioned the city is a nice place to live. Below are some representative samples of respondent comments.

- “I have recruited 100 physicians in my three years from all over the country.”
- “Children's Mercy is a excellent draw for pediatrics sub specialists and in my section are many long-time Kansas Citians who love KC and like the benefits of living here and tell recruits.”

Mid-Level Difficulty (3 and 4scores):

Although there were some positive comments about Kansas City and recruitment from these respondents (about 10%,) the majority of the comments focused on negative qualities, such as lack of activities in the area and low reimbursement and salaries. Themes from the mid-level difficulty group are similar to those in the high-level difficulty group, but the former group does not believe these set-backs have as much of an effect on recruitment as the high difficulty group does.

- “Being a larger city, will be easier than rural areas but still very competitive to get docs.”
- “Reimbursement low for Midwest location.”
- “General lack of interest in Midwest unless they are from Midwest; salaries in pulmonary/critical care lower than average.”

High Difficulty (5, 6and 7 scores):

The themes of low reimbursement and salaries appear again with this group, and they also mentioned high malpractice frequently. Almost every respondent in this group provided only negative elements of recruitment. Again, personal experiences of the respondents played a factor in the rating they chose; whatever the cause, these respondents have had difficulty recruiting physicians in the past.

- “(Experience) Low pay. High risk malpractice.”
- “Low reimbursement 20-30% less than Nebraska/ Oklahoma.”
- “I no longer believe it is ethical to attract a new physician to MO. Malpractice insurance in KS is so much better (KS Stabilization Fund.) There would be a 20% surcharge (less salary) to practice in MO. If new physicians had MO (not KS) malpractice insurance there would be a larger incentive to move if necessary.”

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Why did you select your chosen answer for the question: "How difficult do you believe it is to recruit new doctors to the Kansas City area?"

1	We have added 7 providers to our group over the past 4 years, all without any difficulty.
2	Plenty of specialist backup, nice place to live
3	My field of practice is growing and there are several young surgeons with ties to the area who have expressed interest in the ICC area.
4	It is hard to find a job especially Residency but on the other side-not efficient to here
5	We have recently hired a new physician and had a number of applicants to choose from
6	when we were looking, physicians approached us for job apps. we did not advertise
7	we have recruited 3 new members in last 3 years and 2 were from outside KC
8	CMH is a nice place to work
9	Residents are always contacting us as are pediatricians desiring to move to the area and asking about job availability
10	Need for allergists nationwide
11	Great metropolitan area with access to culture, diversity; Great school districts in suburbs; Very renowned hospitals
12	we've been recruiting
13	No trouble with recruitment
14	We have had no problem recruiting physicians from all over the country to KC though some coasters moving to the Midwest.
15	guess
16	K.C area is attraction/carrier opportunities, cultural centers
17	KC is a wonderful affordable city. i recruited and new MD last fall w/o any problems
18	Pediatrics are readily available
19	we haven't had trouble with new hires, but usually use the local residency programs
20	We practice general ophthalmology-if appearance new physicians want to rub apeuialix, only retina, glaucoma, laser,etc.
21	I have recruited 100 physicians in my three years from all over the country
22	For gm and ocn practice, it never has been
23	Kansas city is a great place but my office is in a health person power shortage area and salary for a physician is not competitive
24	children's Mercy is a excellent draw for pediatrics sub specialists and in my section are many long-time Kansas Citians who love KC and like the benefits of living here and tell recruits
25	Have an attractive group practice arrangement
26	Great city!
27	Decent cost of living. Ease of living.
28	Our practice is unique and attractive
29	Local training programs and desirable place to practice
30	Response is based on my experience with recruiting anesthesiologists in the time I have lived here
31	We have generally hired open positions in 6 months
32	Many physicians are interested in the Midwest as a place to raise family. Salaries are hard to meet in any specialty. Our practice is particularly challenged because the physicians continue to round on their own patients in the hospital, plus see nursing home pts. in addition to office. Most FPs no longer do this.
33	I have several interested physicians
34	Many physicians outside the Kansas city area are not aware of the potential for growth and the family. Friendly atmosphere of KC area
35	We pay moving expenses

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36	We often cannot find the doctors we need that have specific procedures and academic skills sets. Additionally down pay/benefits prevent them from coming.
37	Enough graduates in this area prefer to stay here.
38	KC is a good place to raise a family yet it not the coast on mountains
39	Although the kanakas city area is nice, retirement is low compared to other areas.
40	Have only hearsay evidence
41	I believe reimbursement is not at par with east or west coast
42	low reimbursement compared national average
43	CMH- trains many peds each year
44	children's mercy hospital trains pediatric residents and graduates 20-25 per year
45	Many prefer the west
46	difficult-saturated, easy-multiple residencies
47	i came
48	being a larger city, will be easier than rural areas but still very competitive to get docs.
49	i feel it is harder for specialties to recruit and reimbursement is an issue
50	really don’t know
51	managed care does not support salaries competitive with other regions
52	low payment rates from 3rd party payers
53	Poor remuneration from insurance companies compared to often nearby regions
54	Excellent action, but some may think pay is not average share
55	low reimbursement so down salary compared other cities
56	Lower reimbursement then other areas. High malpractice rates
57	Medical schools nearby
58	Dont know, haven't tried
59	Lack of physicians willing to work in true private practice
60	Shortage of FP'S, some regional to recruiting
61	hard to recruit to my practices
62	good city/community
63	Recruiting history
64	Plenty of graduating physicians in area.
65	Reimbursement in the Midwest is much less then the coasts
66	Malpractice in MO, Community
67	there are easier and harder places to recruit to
68	national market need high for EM
69	Pros & cons, not a bad location but not great.
70	select specialty, no water or mountains.
71	Moderate- abundance of training programs in area, but not very large center
72	still new physicians to area
73	most seeking larger group, guaranteed pay employed position
74	There is a good supply of physicians wanting to work with our group
75	size of city, lack of attractions
76	I am not directly involved in recruiting. this is only my opinion
77	reimbursement low for midwest location
78	smaller city
79	reimbursement poorer then other areas
80	lots of docs in the area is hard to recruit from outside the area
81	different market

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82	limited pay good hours
83	New MD's are looking for particles in smaller cities or in large cities that offer more to do
84	Salaries are low for docs, usually need another "hook" to recruit eg family, friends
85	knowledge and experience
86	Difficult to recruit good surgeons for a long term VA career(Salary is primary concern)
87	at heart for pediatric sub-specialties
88	Does not draw those looking for "Big City" Not well known what the city has to offer
89	Not in a coast
90	While physicians aren't usually looking to move to Kansas City, they are usually surprised/ pleased by what they see if they come to interview.
91	We get calls from physicians asking us for jobs. They have family in the area.
92	Usually people have a reason to come to KC other than just wanting to live here
93	Difficult area because of lower reimbursements here
94	Basically I have no idea so took the neutral answer
95	Good life style for families, not great attractions (e.g. mountains, beach, etc.)
96	Physicians may have family and professional ties to where they were before
97	i have no idea
98	Primarily, less income; also preference for better weather
99	midwest- less outdoor recreation than other parts of the country. Viewed as conservatives physician pay less than St.Louis and Topeka.
100	Not that many YMD's, 2nd manager cant hostile to more KC YMD's
101	Reimbursement, environment
102	Great place to have a family, but reputed to have low physician compensation.
103	Measure is still difficult due to malpractice issues, too many systems-
104	Recruit office past 10years
105	Good cost of living pay is too low
106	Lower pay
107	Experience
108	Location and reimbursement
109	Low insurance reimbursement compared to other similar areas
110	Most people who come here have links to here by family
111	causing down physician reimbursement
112	We want a child psychiatrist
113	Based on my apeteialty in exle power
114	REIMBURSEMENT
115	Perception of "Cowtown"
116	Geography unless there are family ties competitive salary for specialty.
117	Perception lack of cultural activities
118	I've heard that on reimbursement is low compared with other areas of the county.
119	High mal practice Low reimbursement Many opportunities elsewhere
120	LANDLOCKED LOCATION
121	Physician reimbursement is low City DOE's not have Broad Appeal
122	better reimbursement other areas, potential chose 3 out of state
123	Our situation is unique because we have a practice in which family medicine still does their own hospital born but there is an option to use hospitalist
124	Location-people don't want to move
125	The marketplace in terms of salary's is not very good but it is an attractive place to live

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126	by observing comments from other physicians
127	poorer reimbursement compared to nearby communities. Difficulty recruiting over the past 3 years
128	unless doctor has family here (or spouse), they prefer to go to the coasts.
129	it is difficult, poor reimbursement in this region
130	Individuals who are not from the midwest have a low opinion of this area.
131	Recruit physicians from a coast or without ties to KC area has proven very different.
132	MO malpractice Cost/statues
133	Few people specialize in this field we need to doc in breast system and mammo radiologist
134	lower pay relative to other Midwest cities and large towns
135	Malpractice and reimbursement
136	Reputation of KC as unexciting (among those who have never seen)
137	Reimbursement issued
138	Meds/Peds grads are scarce and plenty at positions naturally.
139	Poor insurance ,reimbursement, high malpractice rates
140	Have tried with difficulty
141	Not may palliative medicine specialists
142	poor reimbursement
143	Several groups have been working for physicians
144	poor insurance reimbursement
145	NO MONEY
146	limited professional opportunities for younger physicians
147	pay as relatively low, if they don't have local connection they are unlikely to come.
148	only if they have ever liked here
149	Managed care rules
150	Academic salaries are lower team private practice how insurance reimbursement rates. There are more training programs on the coasts to recruit from, Graduated tend to stay close to where they train
151	Most applicant need to have trained here of have family ties to area in order to the interested
152	reimbursement
153	low reimbursement, poor malpractice environment on missouri side
154	some tie to KC is generally necessary
155	midwest. not on a coast. no mountains four perception try other areas of the country
156	need more teaching faculty- those interested limited
157	limited fellowship positions at local teaching hospitals, lower reimbursement
158	REIMBURSEMENT
159	people do not know KC has culture
160	Reimbursement in metropolitan area
161	poor pay relative to nearby areas, more tort reform needed on missouri side
162	There is a competitive factor with other cities that people do not see KC as viable alternative to high profile cities. If we get them here things change.
163	Salary scales
164	It seems to vary. some years we'll have doctors knocking on our doors and other years we can't find physicians
165	We've had trouble offering enough money to attract physicians
166	Experience trying to recruit
167	location and poor reimbursement
168	General lack of interest in Midwest unless they are from midwest; salaries in pulmonary/critical care lower than average
169	Location away from coasts

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170	Reimbursement in the KC area is less than surrounding communities or surrounding regions which makes recruiting difficult. New recruits typically consider Kansas City only if they have some connection to the city
171	pay is a part of the issue, since we are not in the vacation capital of the world.
172	difficult to attract physicians in general to the Midwest area
173	Have tried 3 times and all move
174	Low Insurance Reimbursement
175	Poor insurance reimbursement relative to other cities, which contributes to lower incomes than other cities.
176	Reimbursement, malpractice, perception of KC
177	Influence of Managed Care
178	decreased reimbursement
179	We have a lot of Medicaid patients. We lost 2 recruits to KS because of malpractice
180	Experience
181	Midwest, Poor reimbursement
182	The allure of other areas exceeds K.C. attraction. Almost all the physicians we have successfully recruited have families here already.
183	Besides primary office, we can do nursing home work, see our own patients at the hospital. it is difficult to find someone who wants to do all 3 areas when they can work as a hospitalist only for more money.
184	Personal Experience
185	Low reimbursement
186	Reimbursement, climate
187	No airline hub/landlocked and perceived lack of cultural opportunities.
188	poor reimbursement
189	low reimbursement high litigation
190	HCA recruiting for 3 years for a trauma surgeon, now for 3 trauma surgeon.
191	Very low reimbursement rates compared to surrounding towns(Lawrence, Omaha, Wichita, St. Louis)
192	Perception of Kansas City among residents of coasts, Chicago and other large metro areas. Perceptions of MO as intolerant of intech businesses(eg stem cell) perceptions of KS as anti-service.
193	We have experienced considerable difficulty in recruiting new doctors to our medical group within the past 3-4 years.
194	physicians have told me so
195	small Midwestern town poorly advertised
196	not comparative financially
197	We have been trying for sometime
198	Insurance reimbursement is low. Beaches or mountains. Many physicians are owned by hospitals and we can't match their salary guarantee for new physicians.
199	Not sure, experience tells e that only those with a connection to KC stay here
200	Low reimbursement, malpractice problem on the missouri side
201	We recently recruited 2 people but their families are here and they waned to stay here.
202	People don't appreciate how good the area is to live in and raise a family
203	Experience took 7 years to fund OSFTE and Another physician o.8 FTE, Institution across the border hasn't found doc for decades.
204	Medicare doesn't pay much they keep cutting costs what they pay for more people are uninsured
205	Less Reimbursement that offer places in country
206	Highly sub specialized relatively few post graduate trainees, KC not a place people from the coastal population centers tend to mover.
207	Hard to compete with salaries in other areas
208	Fewer and fewer MD available and mid-west not as attractive for west or east control areas

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209	unable to complete with other cities with low insurance reimbursement
210	poor reimbursement compared to surrounding areas. horrible managed care market!
211	hard to compete with salary other regions offer
212	pay scare down when compared to Topeka
213	first there are not many geneticists/biochemical geneticists training. second, kansas city is not viewed as a desirable to live and work by most of those i have spoken
214	talked to graduation pediatric residents few going into general pediatrics vs fellowships.
215	low reimbursement
216	it's hard to find help anywhere.
217	People don't know enough about the Midwest.
218	reimbursement, attractions, weather, insurances, malpractice
219	Economics; Less desirable than coastal areas, south, mountains
220	low reimbursement
221	Majority of sub specialists with experience and expertise desire east or west coast- majority are from those areas.
222	better opportunities elsewhere
223	(Experience) Low pay. High risk- malpractice
224	compensation
225	Low reimbursement due to managed care. Easily make more money in surrounding states working the same hours.
226	Compensation for physicians is not competitive in Kansas City vs. other similar markets. It is also becoming increasingly difficult to attract physicians to the private practice of medicine. It is high risk, has long hours, and has a very unstable outlook for the future.
227	mainly financed can not compete with surrounding area
228	trying for 3 years
229	We cannot offer a competitive starting salary because there is not a city-wide hospital wide understanding that internists, FP and medicine sub specialist need unassigned call pay from the hospitals.
230	Poor Pay
231	Poor Reimbursement, Higher malpractice
232	We have not been successful in recruiting for 10+ years
233	Physician do not want to co to KC.
234	Nobody goes into general internal meetings any more re-imbursement. Malpractice rates are lower in Kansas
235	Experience
236	I have looked and found zero candidates
237	There is a reduced rate of pay in our market compared to other markets
238	Liability insurance
239	REIMBURSEMENT. IF A CANDIDATE DOES NOT HAVE A K.C TIE, IT IS DIFFERENT TO COMPETE=OTHER GEOGRAPHICAL REGION
240	Poor Reimbursement in KC area compared to outlying areas
241	I no longer believe it is ethical to attract a new physician to MO. Malpractice insurance in KS is so much better(KS Stabilization Fund.) There would be a 20% surcharge(less salary) to practice in MO. If new physicians had MO (not KS) malpractice insurance there would be a larger incentive to move if necessary
242	reimbursement, we do not attract plastic surgeons
243	requirements for our firm
244	I have tried and failed to recruit a new md
245	low reimbursement and high malpractice
246	Unfavorable reimbursement as compared to other cities around us.

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247	poor reimbursement, lack of pcp
248	unable to offer competitive salary, lack of regional action
249	High malpractice, low reimbursement
250	unable to match salary that can obtained in other locations
251	Area is heavy with care/ reimbursement lower then other parts of country.
252	low reimbursement,
253	people don't want to come to KC when jobs in larger cities are already available
254	tried and unsuccessful
255	Experience-residents come out of training too great of debt to come to a low reimbursement area.
256	medical malpractice poor reimbursement compared to other parts of missouri
257	my experience in the past year trying to find a physician to join the practice
258	insufficient reimbursement all new candidates want a guaranteed salary and benefits.
259	tried in years past, even offered highest stating salary in US at that time, 50% 2 year partnership. could not attract sub specialist trained court. almost all candidates became full time university staff at name institution.
260	because i have been trying to recruit someone for 5 years
261	Tried to several years ago but could not pay as much as Wichita or Iowa because of lower insurance reimbursement
262	poor reimbursement
263	poor reimbursement
264	have been trying for 2 years to recruit 6 peds /one specialists. have finally gotten two people to come, still get passed over for coastal or maintain state opportunities by most graduates
265	unless there is a family tie, no one is interested in locating here, reimbursement is too low
266	low reimbursement
267	tried to recruit in past. difficult to complete money elsewhere. Specially increasing cosmetic
268	we have tried for years
269	Compensation is low compared to other areas due to low insurance reimbursement. Not on coast or mountains
270	very poor reimbursement, a bit behind the times medically
271	Experience in recruitment and reimbursement levels here
272	Dr's want more money and can obtain more money as a starting salary elsewhere
273	Have interviewed Dr's but financial packages from associates plus insurance companies expectations of economically justified by private practice
274	Non compensation
275	Kansas City is perceived as backward, probably related to conservative political outlook. Physicians not willing to have their children go to the public schools. Also appears to be very controlled medical environment.
276	Past experience, shortage of physicians, inability to compete with salaries from hospitals or other markets where reimbursement is 140% of 1997 Medicare rates. I am one of the youngest surgeons at any of the hospitals.
277	reimbursement extremely low
278	Chiefly, the malpractice climate and horrible reimbursement
279	We have tried unsuccessfully for years to recruit to our practice KC is hard to recruit to.
280	No reimbursements
281	Poor insurance reimbursement compared to Topeka, Des Moines etc.
282	low reimbursement 20-30% less than Nebraska/ Oklahoma
283	Low reimbursements
284	The malpractice issues and extremely poor insurance reimbursement
285	Not the KC area as much as the specialty of Forensic Pathology

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Future Plans

Continuing with our analysis, we asked respondents to think about their future as a physician including services offered and retirement plans. The first questions inquired what changes they were planning to make in their career in the next 2 years. Nine pre-listed options were presented to respondents as well as the choice to mention any other plans. Of the 74% of respondents who are planning to make changes in the next 2 years, 23% plan to reduce the number of hours they work, but the next highest percentage (19%) plan to expand their practice. Seventeen percent plan to reduce call responsibilities, and 14% plan to expand the services they offer. Not including the "Other" responses, more respondents (68%) plan to reduce their responsibilities and services while 33% plan to increase them.

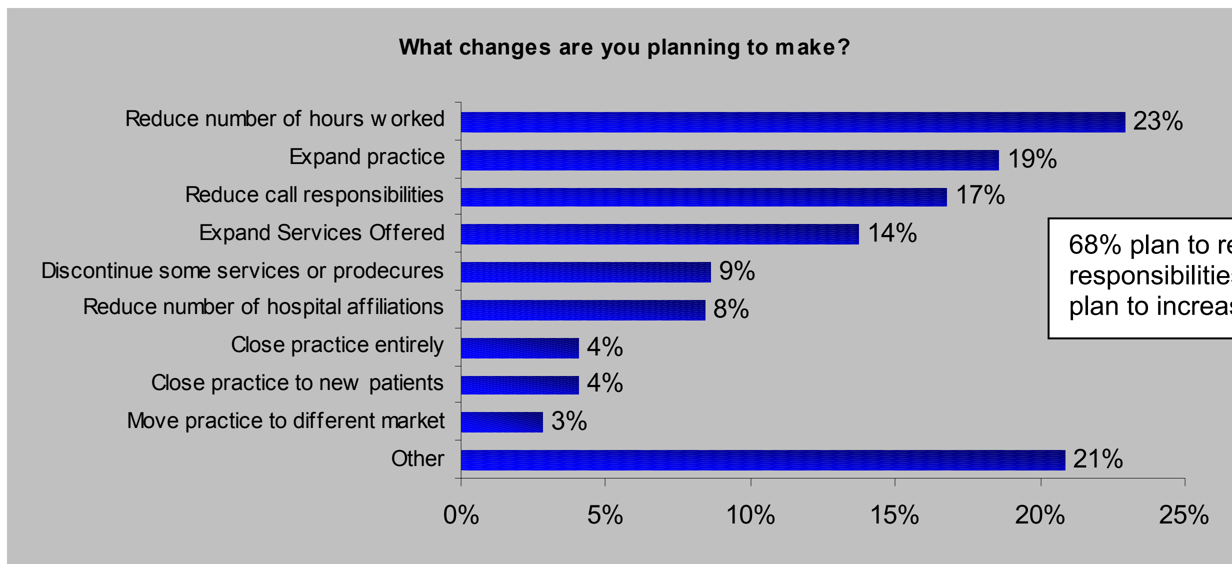

Exhibit 17

Reviewing the other responses, we find that more of these responses also include reducing responsibilities and services as opposed to increasing them. Listed below are the top 5 responses for "Other":

- Retire
- Reduce Medicare patients
- Hire more physicians
- Work less
- Adjust/ Change Insurances

The remaining responses individually account for less than 6% of the other category and include merge practice and multi-clinic group, survive financially, continue limited consult practice, locum tenens, teach, research, charge for no-shows, emr, concierge service, charge for non-med care, buy practice, implement P.H. efforts through org. med and service areas, move to a VA hospital, expand office space, become safety net clinic, increase hours, maintain status, demand payment for hospital ER coverage, and lap band.

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Following this question, we asked respondents why they were considering the changes they previously indicated. This was an open-ended question, so the responses have been grouped into categories based upon their answers.

Again, all responses for this question will be presented at the end of the report, but the following table displays the top categories.

Reduce Responsibilities ← Age/Retirement; Too busy/ Need more personal time; Low reimbursement

Increase Responsibilities ← Practice is growing/ Want to grow practice

Why are you considering those changes?	Percentage
Age/Retirement	22%
Too busy/ Need more personal time	15%
Practice is growing/ Want to grow practice	12%
Low reimbursement	9%

Exhibit 18

If you recall previously in the report, low reimbursement was frequently mentioned by respondents as a difficulty for recruiting new physicians into Kansas City. While physicians see this as a determent for bringing in new doctors, age and lack of time have more of an effect on physicians already in the Kansas City area than does the low reimbursements.

Why are you considering making those changes in your practice?

1	Depending on potential Medicare cuts, we may reduce our exposure to Medicare patients. We are the largest neurosurgery group in the region and two thirds of our neurosurgeons are over the age of 50 so we need to strongly recruit young neurosurgeons to the group.
2	Opening of additional OR's at our hospital
3	Our practice continues to grow at an astonishing rate.
4	May drop one hospital due to unassigned call burden, higher state malpractice and add another KS hospital. Also trying to build up my own practice.
5	moving toward retirement.
6	plan to expand on clinic services offered in the section of Allergy and Immunology
7	At age 57, would like more time to do non medical things
8	Downward pressure on reimbursements is making it very difficult to maintain a private practice in primary care.
9	Need less out of office patients
10	I'm tried of working so hard for no/little pay
11	I am starting to think about retirement.
12	reduced remuneration & licensed overhead leave life option.
13	Pharmacy plan interference has up'd my paper work by 50%, and the decisions are not pharmacists "decisions" to make
14	to increase patients & up physicians
15	too busy
16	New location- Practice still growing
17	24/07 call, no help with overhead, better benefits (401K, group insurance)
18	Many patients have decided that hospital case is a right, but does not carry with a responsibility to pay for it. Nearly all patients have decided that Anesthetics are a luxury and all will pay cash for it.
19	Reduce number of in patient obligations, and avoid paying memberships dues to hospitals and little activity.
20	Time demand/reimbursement
21	Need more family time
22	Performing none academic and management
23	To have less "Call carriage" due to time constraints; Considering adding another provider that would need no

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	space
24	Risk of malpractice with ER call; Poor reimbursement "NO PAY" with ER call; Too time consuming
25	Poor reimbursement-cant recruit; compete with other midwest communities
26	partner retiring
27	focus on what i like to do
28	too much call and weekend work; need time to start having fun instead of working all the time.
29	Became more efficient
30	Each year congress gets ready to out pay 10% or so far this group. Why recruit more doctors to care for patients we get paid less?
31	My practice is less than 1 year old
32	I want to increase access to patients and increase the things that i can do
33	Getting older, down medicine reimbursement
34	Finally want to open new clinic
35	I am too busy
36	Changes depend on what government does to reimbursement; is anyone in MC reimbursement. Response is the effort if this go week to quit if they worsen.
37	shift services to those better reimbursed
38	Provide access for on patients/families beyond regular
39	Our practice continues to expand services both inpatient and outpatient. We have 39 residents and 20 faculty with large flexible capacity to cover variety of Hospital/Community needs.
40	Convenes of services for patients
41	We are a new group and are developing ourselves and finding out niche.
42	Depends on my survival and ability to work those been doing it for 18 years.
43	Not worth the effort to expand practice in this professional environment
44	better quality of life
45	Semi retirement
46	want to do other things
47	Time is more important to me
48	age
49	at hospital only now
50	assure continued growth of group practice
51	husband has cancer
52	New progress
53	Our value continues to increase
54	age
55	retirement status
56	age
57	I'm working too much-not spending enough time at home
58	I am already burned out
59	old age 78 years old
60	we are planning to stop seeing hospital patients
61	I am getting burnt out
62	Declining reimbursement, increased cost of practicing
63	Age- I'm old
64	age/less after taxes, family expenses
65	my age
66	working to get promoted
67	I anticipate working more 25+ years

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68	age
69	Hoping to add another doctor
70	Need to find novel ways to bring in revenue aside from seeing patients.
71	getting older
72	I'm old
73	improve efficiency and quality of patient care
74	opportunity
75	we want to expand our practice
76	getting older
77	Just fair reimbursement now for time consuming elderly patients
78	I'm overloaded with elderly medical patients who require larger amounts of time because of multiple medical problems, multiple medications and reimbursement is lower than a 40 yr old with Aetna, Cigna, BCBS etc for the same level of visit
79	Job offer
80	I plan on returning within the next two years
81	I'm ok with my status
82	litigation, makes all very difficult
83	needed change to keep up with the changing market. CVS, Walgreen's nurse parishioners are siphoning business away everyday
84	My practice is growing
85	Managed Care-malpractice; taxes; poor treatment of MD's
86	Medicine not worth it we are close to closing the office
87	We need to expand our market and open/expand practice sales away from campus due to space
88	semi retired
89	Long term practice abandoned due to atmosphere. Planning to relocate to new spouse's home state
90	Preparation for stopping practice in next 5 years
91	need for pediatric specialty care
92	i might want to or have to quit
93	still have openings some days
94	nee to offer improved access and services to patients seeking care at TMC
95	to expand income
96	1/2 time clinical only so many appts.
97	i have 5 kids and i want to be home more
98	too much call for too little reimbursement
99	we are growing, but we need to focus on our care market more
100	Reimbursement cuts
101	continued growth is possible and will benefit our patients and my practice
102	too much work
103	limit new medicine, drop medical office patients
104	move to new facility- area redevelopment, implement electronic medical record- rrc ,mandate
105	looking to retire; can make more money as pharmacist with much less overhead/liability ect, tired of increasing demands from cms/lsum and increased liability.
106	focus on certain area in my specially and allow others in practice to take on their responsibilities
107	reaching 65 years of age want to enjoy life more.
108	I'm ready to slow down a little
109	approaching retirement
110	Low reimbursement can no longer cover costs of providing services to these patients
111	I'm tired of 12 calls/month, i want to quit job entirely

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112	increased methods of diagnostic pathology, pathology molecular based methods
113	declining reimbursement
114	stress of work
115	reducing clinical responsibilities in anticipation of retiring from clinical practice
116	Replacing MD's anticipated to retire
117	reduce workload/more free time
118	Just starting practice to hope to grow practice
119	too much hassle, payment for services too low, Hospital inefficiency, late hours and weekend work
120	age and level of financial security and health
121	i would like to expand but cant find help.
122	increasing age
123	our group is aging- we need "new blood" to keep up the same practice
124	add needed services that also generate revenue; this helps office overhead/rent as well
125	growth
126	need more out of life
127	to keep our low income patients access specialty care and further testing and to open up the possibility of receiving grant monies to help maintain the practice open.
128	planning for a family
129	have already dropped some hospital coverage
130	more doctors
131	growing practice
132	I'm tired
133	i have cut back-
134	already stopped call, canceled hospital affiliation, canceled insurance contracts and reduced work hours
135	i have worked 28 years
136	trying to get more involved in administrative and research related actives.
137	hospital based is losing case volume and increase low reimbursement, while demands and call demands are unchanged. Stand alone services offers down'd hours and much better reimbursement
138	to stay competitive
139	practice is top; head 3 of us are 60
140	too many headaches to deal with at my age
141	Ill be 68 in January and pulmonary/critical care 3 not an old ways specialty
142	need office space
143	now venture
144	will need to move practice in next 2 years, building closing
145	up leadership and management skills
146	will be adding more research activity
147	my practice is nearly full and i am 60
148	Time in life to slow down and enjoy outside interests
149	the medical environment is decreasing rapidly
150	Age and years of service
151	thinking about retiring in 1-2 years
152	Approaching retirement, getting older more and more difficult to work all night
153	poor after hours pay.
154	Need staff
155	Husband's career in different city; desire to get an additional degree
156	It is time
157	Phased retirement expectations

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158	Will want to be able to have and raise a family
159	If Medicare does not increase my reimbursement or cuts my reimbursement then I will cease seeing Medicare patients.
160	Demand increasing
161	Pursue overseas medical mission work
162	Plan to retire
163	Have a young child
164	Our practice is constantly growing due to increased demand for services. I personally plan to work less if we recruit successfully.
165	The quality of certain hospitals does not meet my patients needs. Reimbursement and difficulty collecting for service rendered.
166	if we don't, we will go broke. 30% reduction in physicians pay over past 10 years.
167	I work 15 hour work days and I don't see my children and that makes me very unhappy.
168	it is time
169	Depending on who next governor is and tort reform, myself and several MD's I know who practice in Missouri may leave.
170	happy with practice. always looking to expand to add more physicians
171	slowing down prior to retirement
172	I would like to stop taking call and doing OB.
173	The amount of charity work at hospitals has become excessive and not sustainable
174	age
175	I would like to add another physician
176	No deliveries (already done); decreased hospital work; increase outpatient diagnostic consultative work
177	I am 76 and feel it may be time to not work so long hours
178	age
179	type of protection this will allow
180	age; managed care especially interference with prescribing
181	May move practice outside USA. Medical practice in USA has become very unpleasant.
182	age and health
183	doing more clinical research
184	offer sleep lab
185	to increase revenues lost from overhead and reimbursements
186	Need to recruit new physicians but very difficult to do so
187	Having to work too much to make up for poor reimbursement
188	Regional growth, increase forensic training programs
189	Need partial hospital program
190	age
191	Plan to add colposcopy and future management. Needed services; why refer out when procedures pay so well?
192	More time with family
193	cost

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Retirement

Focusing now on plans for retirement, we asked respondents how likely they were to stop practicing medicine within the next 10 years, 5 years and 3 years. The respondents were to rate their likelihood on a 7-point scale, with 1 meaning Not Likely at All and 7 meaning Extremely Likely. Exhibit 11 displays the results from the 3 questions.

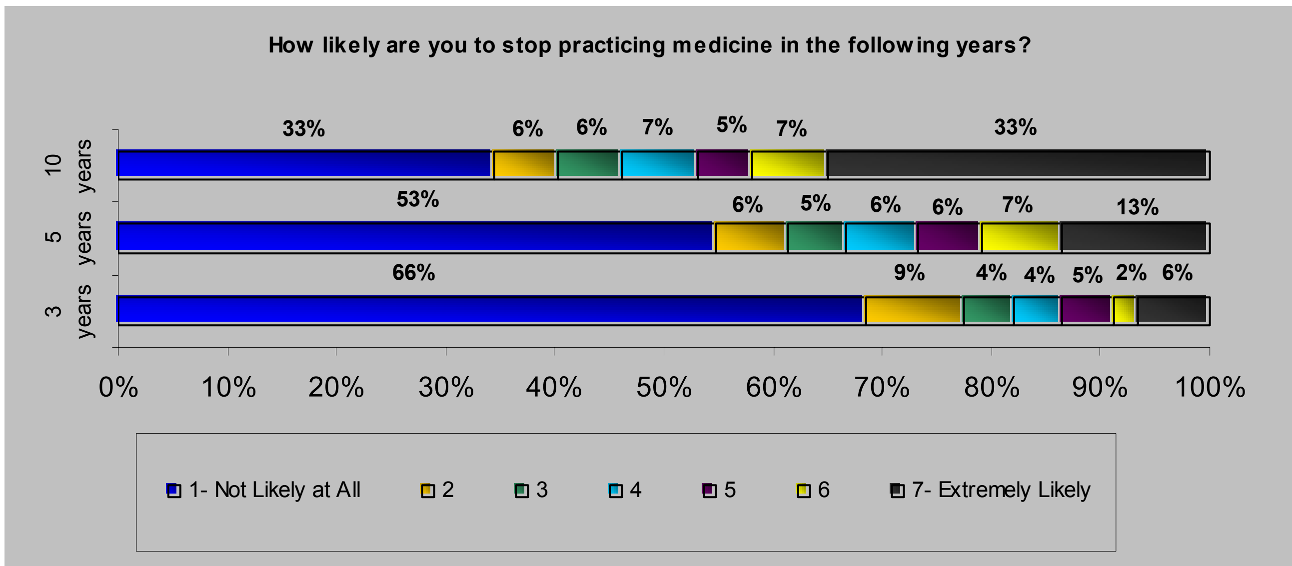

Exhibit 19

Only 8% of respondents are highly likely to retire within the next 3 years. (Sum of the 6 and 7 scores.) As we increase toward the 10 year mark, the percentage of respondents who plan to retire also increases. This seems logical since most respondents are within the 46-55 age range and plan to retire between the ages of 65-69. (See below Exhibit.)

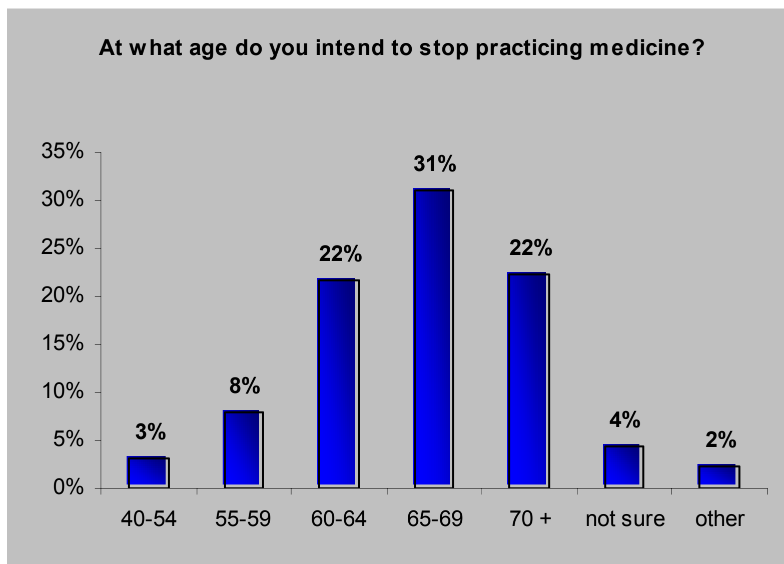

Exhibit 20

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Six percent indicated they were unsure or offered some other answer such as “As long as I can do it safely,” and “When I get tired of it.” However, most respondents provided a definitive number. Thirty-one percent intend to stop between the ages of 65 -69. Some respondents provided an age range, and the median number was used for our data collection.

Naturally, we were curious to know what the primary factors are that will influence the respondent’s decision to exit the medical profession- was it simply that they had reached the standard age of retirement, or were there other factors as well? What we found shows that age is not one of the top factors in influencing their decision. Financial stability was a top factor with 23% of responses. Eighteen percent plan to continue practicing until they are no loner physically able to perform their duties, and 14% will continue to practice until they no longer enjoy their job. Another 14% plan to exit at the specified age because of concerns over low reimbursements and government interference with the profession.

Primary Factors in Retirement Age	Percentage
Financial Stability	23%
Health/Ability	18%
Job too demanding/ not enjoyable	14%
Regulatory process/ low reimbursement	14%
More free time/ family needs	10%
Age	8%
Other	13%

Exhibit 21

What are the primary factors that will influence your decision to exit the medical profession?

1	Seek other opportunities and challenges
2	health and finances
3	My physical and mental ability to practice
4	Age/ability
5	Managed care hassles on inpatient care, fee schedules, prescription coverage. Endless paper work for Medicare and managed care. Declining reimbursement in the face of more paperwork than ever.
6	it takes a lot of physical and mental energy, of which i seem to have less with each passing year.
7	work demands regulatory pressures
8	personal financial stability
9	increasing bureaucracy, better lifestyle
10	enough money to retire
11	The stresses of practice, and lack of time to do other things
12	Regulatory environment and decreased opportunity to focus on patient care.
13	to much hassle, 70 is old enough to it obviously
14	difficulty in our practice transitioning to part time. Desire to travel more.
15	too little money lawsuits or the theater of such
16	age, financially service
17	The hassle factor, insurance companies conflict erosion of respect for the profession
18	wont matter health will matter
19	energy, health, and luck at powerball

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20	Desire to spend time with family, travel, read, write.
21	Reimbursement, ins. company hassle & restriction
22	financial
23	Finance ability ro retire
24	When the lines intersect, income US cost
25	energy, irritation, frustration, right now I'm really enjoying my practice.
26	When i have enough money saved up, If and when it is no longer enjoyable or challenging
27	National Health care 100%
28	Financial
29	Ability to obtain insurance
30	Ability to have enough retirement savings
31	Lack of enjoyment
32	Reimbursement, environment, paperwork burden
33	Lifestyle
34	Poor reimbursement, Poor US economy
35	1) Presence of opportunity for activity in retirement 2) Ability to retire without jeopardizing practice colleagues.
36	Bureaucracy of medicine
37	Family
38	Only mental capabilities
39	Health of myself and loved ones i financial security; concern about "boredom" if not practicing medicine
40	Health- Usability of Low cost Malpractice, Ability to keep up with First class medical care
41	Mental and physical health If there is something i'd rather do
42	Financial Security
43	Financially service
44	to do other things
45	My health
46	enough money to retire, enjoyment of the practice
47	Financial
48	No pay, hassle up no resident related
49	time to retire
50	as soon as financial possible
51	Malpractice
52	Satisfaction in patient care, quality outcomes, family situation, financial concerns
53	Financial position and family needs
54	Financially able to retire
55	Burnout
56	What time to enjoy retirement may do some consulting
57	Personal health, community need, other opportunities
58	My energy level and enjoyment
59	Age
60	How bad it gets in KC, cant recruit, what government does it MED, increased damand of patients.
61	reimbursement
62	Financial independence
63	Husband is now retired, i am tired, i want to play more tennis and travel
64	Health, Age
65	Financial and whether their is meaningful opportunity to work part-time for an indefinite period.
66	Age, exhaustion, wheatear or not i have enough money saved, well i need to keep working to keep health

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	insurance?
67	Cost of producing Medicare
68	Physical problem
69	Family, Financial, Changes in practice, Whether i still enjoy it
70	ILLNESS
71	Financial
72	Loss of self-determination of decision making
73	frustration will leave and insurance issues will drag me to stop.
74	My health
75	Family, Financial stability
76	Family
77	Energy level and interest
78	Medical practice is dictated by non-physicians who are selfish and horde are the money to themselves.
79	Ability- interest in having more free time
80	Medicare government interference, delivering reimbursements
81	Age and health
82	Health, Family needs, enjoyment of work
83	Husbands health, poor financial return for my husband
84	Call, Exhaustion
85	Financial security, Job satisfaction
86	Lack of joy in work, increasing regulation, Declining reimbursement
87	Retirement age- Medicare and social security
88	If i can physically continue
89	Health care
90	Financial
91	Other interests
92	Retire while current and proficient
93	Financial security, Practice environment
94	Financial independence, job frustration
95	Medical malpractice insurance and government hassle and regression. push push push attitude to see more patients and less him and less money.
96	be serious-age
97	Financial stability
98	family
99	need for more time at home
100	Burnt Out
101	When it is no longer enjoyable.
102	strain of work, desire to have more free time
103	Personal Health
104	age
105	Financial Pressures and perceived lack of fulfillment
106	Malpractice Risk Focus on systems management not patient care
107	Hassle Factor Health Financial
108	income = overhead
109	my age
110	not age, but mental-physical status
111	health
112	enough retirement fund!!

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113	Financial ability to retire
114	age
115	Retirement funds
116	health of myself and wife and family enjoyment of my work
117	Government involvement, cost to run a practice
118	health
119	Money, I cannot afford to retire.
120	my financial situation
121	Depends if either of my children join my practice
122	Fatigue/ where enjoyment disengagement
123	satisfaction of job and ability to perform
124	age
125	nature of the speciality
126	my health, the health of the practice and the medical environment (universal health care will probably cause an earlier retirement!)
127	increasing "credential requirements" Govt intrusion/ oversight/regulations
128	financial; burn-out
129	Paperwork, reimbursement
130	financial stability/security health mental faculties
131	Age, deteriorating health of my spouse.
132	financial stability
133	Malpractice Premiums, poor reimbursement
134	family $ needs
135	Quality of Life, financial stability
136	economy - pension plan
137	Retirement account
138	Children finishing college finances for retirement finalization
139	cognitive decline
140	Stress, decrease stamina, desire to enjoy my later years & do the things I have always wanted to do
141	Poor reimbursement more regulatory demands
142	satisfaction with job, financial
143	poor practice atmosphere
144	poor payment called insurance bullshit Medicare illegal alien medical care.
145	How much i'm enjoying Medicare, financial security
146	age
147	Business cost
148	when i can not mentally handle th workload
149	age, health
150	All 3rd party requirements and payments, don't need to start EMR for a short period, Bared on costs
151	Chronic failure to collect from insurance companies and patients.
152	I don't really enjoy it anymore
153	Financial, sustained interest ability
154	i love my job, i have no plans to retire
155	Physical demands of call
156	age
157	Declining reimbursement; increasing insurance company bureaucracy and antagonism
158	my health and retirement savings
159	financial and health

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160	age
161	other opportunities
162	my income, complexity or administrative duties-insurance, etc.
163	too many new medical demands on the practice of medicine
164	finances
165	poor health
166	lots of skills, mistakes, payer mix
167	financial ability to retire
168	Enough retirement income, health, burnout
169	expenses for my children's college
170	financial ability to do so
171	Financial
172	will need to find more stable job
173	health of myself and spouse, financial ability to retire
174	age
175	Hassle and paperwork
176	it isn't fair anymore
177	my degree at activity and travel as well as health.
178	Burnout with insurances and liability and state board intervention
179	my retirement, my desire to continue practicing
180	founded independence, family issues
181	more work
182	affordability of retirement, enjoyment/satisfaction of medicine
183	cant keep up to date, wont need to save for retirement
184	Financial, health
185	children out of college
186	see #18 impossible to cut down hours due to overload
187	adequate retirement savings
188	health, family, want to enjoy to fullest while i can
189	enough money to support our lives then. A DIVORCE 12 YEARS AHO PUT MY SCHEDULE RETIREMENT
190	enough wealth, other interests
191	money for retirement, can no longer afford to provide services
192	old age
193	work load, reimbursement
194	gov't controlled universal h/c
195	age, health
196	finance salary
197	financial independence life style
198	death
199	Retirement funds
200	i do not plan to leave the profession
201	Health care for myself and spouse
202	Adequate financial resources and equally rewarding pursuits elsewhere
203	Financial security
204	Money VS. Burn-out
205	malpractice, having to take OB care especially for dwpms, ER call and high pts
206	less rewarding, up disrespect by pt & their families, burn-out, down reimbursement

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207	time issues
208	I'm tired, not as enjoyable, too many regulations
209	fear of litigation, louse reimbursement, fed up with the insurance industry
210	retirement funds status
211	my health, whether i still enjoy the practice
212	call/stress/money
213	obviously current ent financial situation and current medical insurance/reimbursement/hassle factor at the time
214	lack of pulse and blood pressure
215	financial security, family, fatigue
216	liability, reduce pay, lack of enjoyment
217	poor health
218	cost to practice medicine, my ability to physically handle the pace
219	liability issues, insurance issues, spend time with family
220	my health and my satisfaction medicine around time of retirement
221	other career path in academic medicine
222	health, technical competence, reimbursement
223	finances, family
224	personal health, grand children
225	health finances
226	Govt. sponsored healthcare increasing taxes
227	want to retire young enough to do what i want and have to wait till kids out of school
228	financial ability to retire
229	my health
230	economy and family
231	satisfaction/or lack of work
232	money
233	health states, problems at work
234	time demands for level of reimbursement are to great. more to life then working so many hours
235	financial stability, health
236	financial stability
237	my health, major malpractice suit
238	reimbursement, legal hassles
239	level of control, level of stress
240	practical long enough, desire to work less and travel
241	health
242	difficulty attracting qualified staff to poor reimbursement
243	financial satiability
244	money
245	new challenge
246	the state of my health and my pension plan
247	night and weekend call are more then i can unfortunately handle
248	status of general health and surgical skills, status of economy
249	spouse, my health, my partners
250	i probably would prefer not to retire but the patient load is a bit taxing and my specialty is a bit cerebrate
251	financial well being
252	health
253	ability to live on retirement income

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254	financial security and health
255	ifit becomes to much of a hardship- too much administrative issues
256	time management, ability to up management/leadership skills, money
257	health
258	intrusion of insurances gov't intake patient care decisions
259	Potential future changes in healthcare and/or in Children's Mercy Dpt of Peds. and the success or failure of my husband's business endeavors.
260	health
261	Health of my wife
262	when i can afford to do so
263	Worsening reimbursement and high call responsibility
264	retirement
265	i'm tired
266	that will be long enough, do volunteer work later or part time at hospice work
267	Age vs demands of practicing anesthesiology
268	pursue other interests
269	financial
270	to much paper work, lack of pay, erosion of respect of patients for primarily "medical home" based care. I'm reviewed no different by some patients then a nurse practitioner in a drug store based clinic
271	Age Unable to operate to the best of my ability
272	Desire for time off with my spouse who is retiring at 54
273	Enjoyment of what I am doing.
274	Finances Changes in the healthcare system
275	Health Personal life
276	it is no fun practicing ophthalmology anymore - resent politician evaluating the worth of every service.
277	Hostile medical practice environment in US and age
278	burnt out desire to spend more time with family
279	I ill always practice but may change focus to volunteer/mission work full-time
280	Have more time for travel and relaxation
281	age and health
282	Current regulatory bureaucracy; harder to deal with patients; electronic medical system not helpful and in some ways cumbersome
283	Kids through college, financially comfortable
284	Government requirement to participate in Medicaid and Medicare for licensure. Government/ Insurance mandate to cover emergency rooms. The hospitals are complicit with this requirement.
285	health, financial independence
286	health, mental clarity
287	I'd love to exit now but I'm too young and don't have money to retire. I'm still paying off my school loans.
288	physical/mental constraints
289	age, physical condition, state of mental function
290	5 kids in college
291	1) fair compensation structure 2) reasonable professional autonomy on the delivery of care 3) personal satisfaction in providing service 4) reasonable legal reform to make malpractice stable
292	age
293	reasonable age and time
294	Fatigue, burn out. I will probably retire because I will be unable to reduce my work load and still pay overhead and my insurance.
295	age; other things to accomplish
296	Liability, lack of established medical courts, reimbursement

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297	Decreasing reimbursement; the need to work more and more hours; insurance/ medicare hassles
298	poor reimbursement for the effort/ work load
299	age
300	My husband is older than I am and I want to travel
301	health
302	age
303	perform admin work
304	age; completion of career
305	Good for retirement is 55 years. At that time, children will be out of house and retirement savings at desired level.
306	physical ability
307	the practice of medicine has become very unpleasant in country
308	age and health
309	increasing overhead; increasing interference from insurance; ridiculous ruling by Medicare
310	financial security
311	not fun- too much litigation and overhead; patients not polite/ happy or responsible
312	financial, health, stamina
313	Insurance companies and government interferences
314	The overall health market; Financial background; My health
315	Achievement of goals in current position; increase teaching opportunities
316	When I feel I need to change paths to spend more personal time
317	age
318	Outside interests; financial considerations
319	Never plan to retire. I'll stop when the insurance companies start refusing to give me malpractice insurance.
320	Financial stability
321	Cost, overhead

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There are many ways a physician may choose to exit the medical profession- retire, perform administrative work, close the practice entirely, etc. To help us predict how the industry will be changing over the next 10 years, we asked respondents how they are most likely to exit the medical field. Most respondents will choose to exit by reducing their workload/ practicing part-time or retiring, with 46% and 39% choosing those options, respectfully. Seeking a career outside of healthcare received the next highest rating, but it was a 25% decrease from retirement. Very few physicians (5%) plan to close their practice.

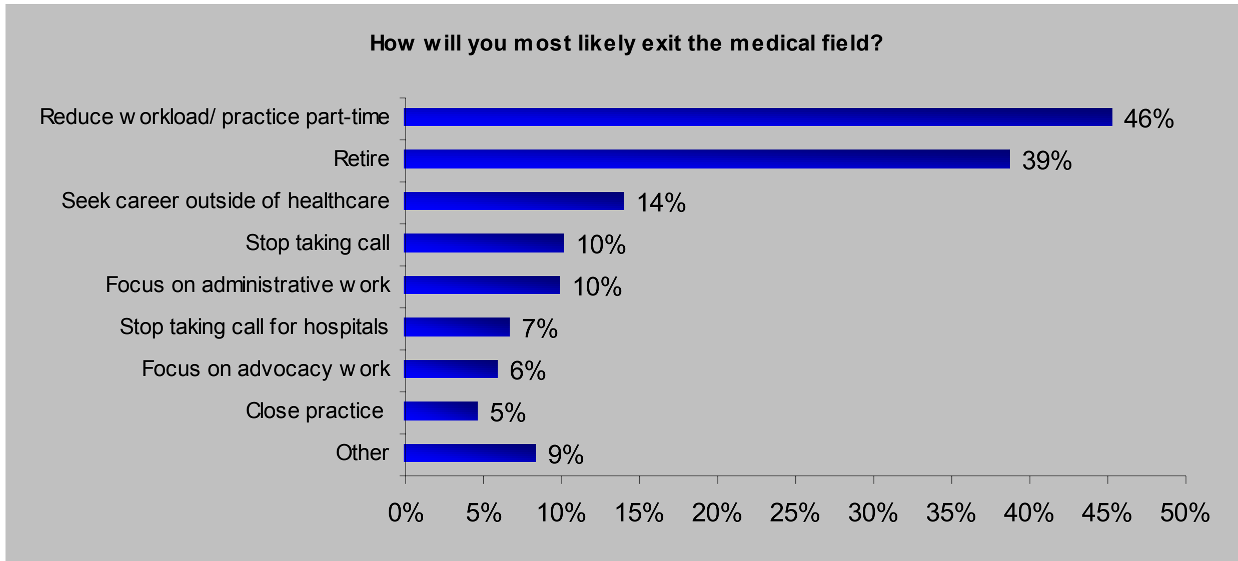

Exhibit 22

The top 3 other responses follow:

- Volunteer/ Mission Work
- Research
- Teach

The remaining responses include: seek career that does not have direct patient care, support physicians through work in physician well being, cut Medicare patients, locums works, die, and nursing home only.

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We asked respondents to think about their career goals now compared to when they started in the profession. Specifically, we asked if they plan to retire earlier, later or about the same time as originally planned. Most people (48%) plan to retire about the same time. The next highest rated was retiring later than originally planned at 32%, and 15% will likely retire earlier than originally planned.

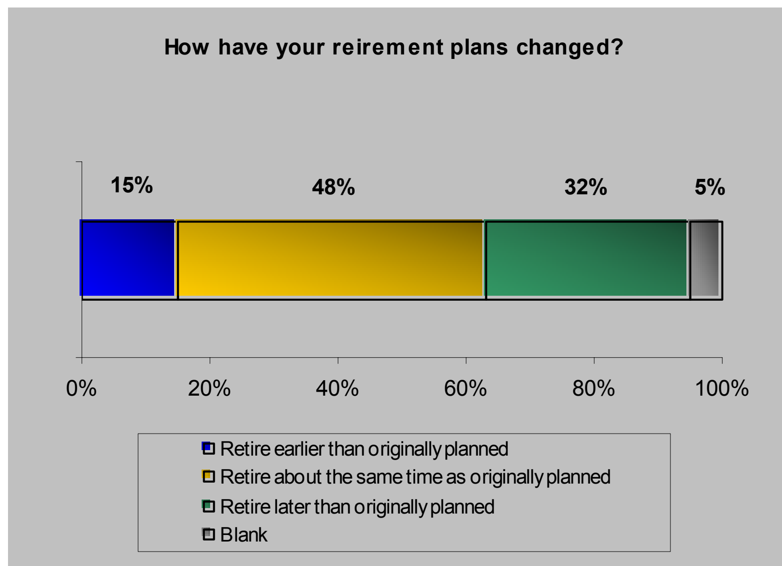

Exhibit 23

All things considered, most respondents appear to be happy with their occupation. If respondents were given the option to choose their career again, 61% said they would definitely become a physician again. Another 13% said they would choose to be a physician but with the caveat that they would practice in another region or specialty.

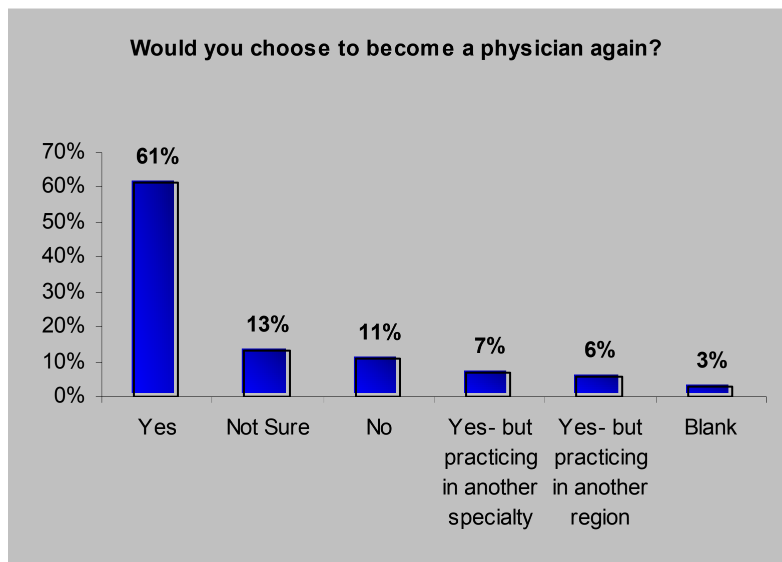

Exhibit 24

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Community Involvement

The final section of the survey attempts to gauge physician's community contribution to the Kansas City area. We asked if the respondents are involved in any clinical research. 26% indicated they are involved with clinical research. Of those respondents who are involved in clinical research, we asked them a series of questions related to the amount and types of clinical research they and other staff members perform. The results show that the respondents normally devote 10 percent of their time or less to clinical research each year, with 10 or fewer clinical research projects. The other staff in their practices tend to devote more time to research; 24% said that of the staff that are involved in clinical research, 50% of that staff's time is spent on research. The following 4 exhibits illustrate the results.

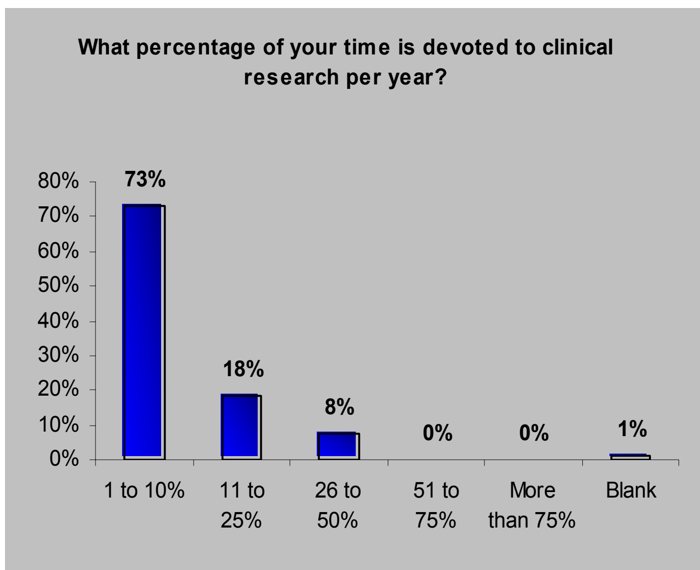


Exhibit 25

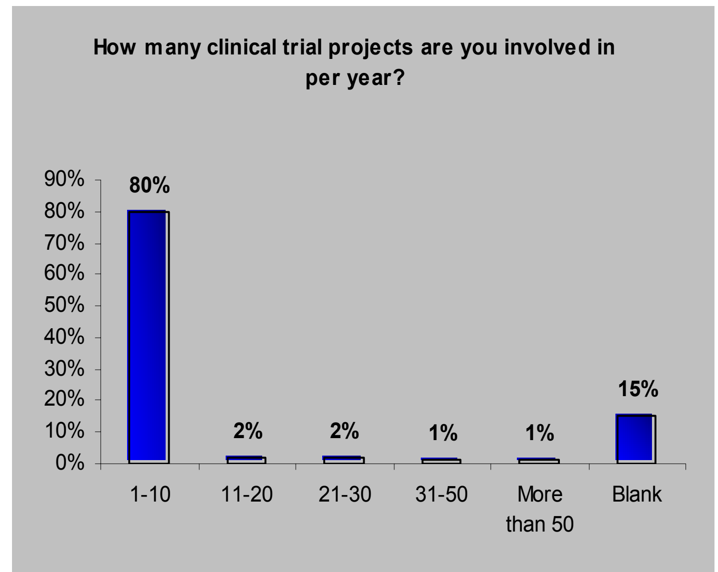
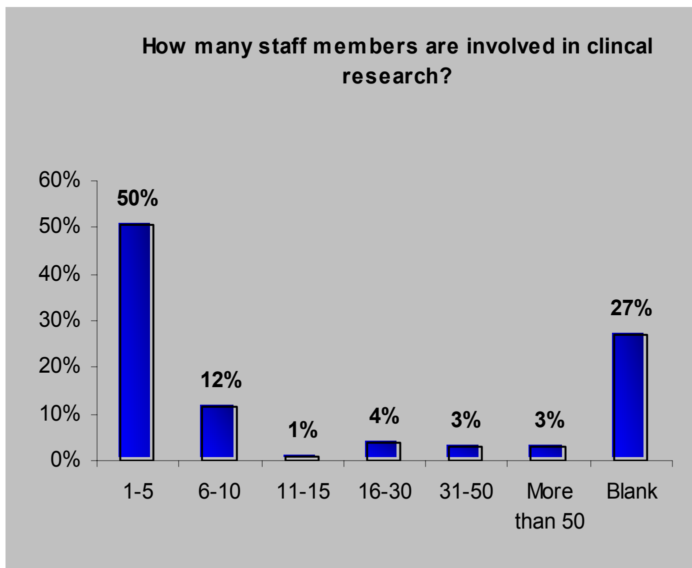


Exhibit 26



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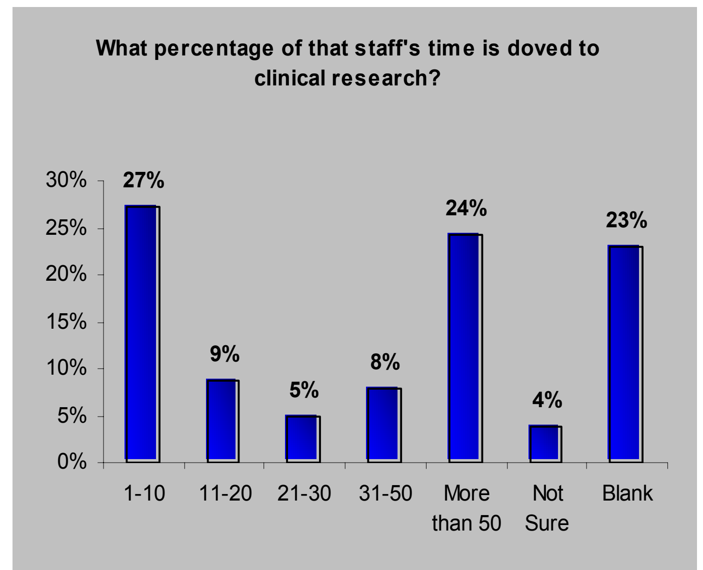

Exhibit 28

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The following table exhibits the top responses for the types of clinical research conducted and the number of mentions each received.

Clinical Research	# of mentions
Clinical Trials	11
Oncology	7
Pharmacology	8
Outcomes	6
Vaccine	5
Allergy	4
Depression	3

Exhibit 29

Please describe the clinical research in which you are involved.

1	We are currently considering a national study on intraventricular hemorrhage
2	PROS network through the AAP - now working with CMH on more direct research
3	HTN, clinical pharmacology, CKD
4	pharmaceutical trials, quality assurance projects
5	outcomes
6	allergic and infection and reg. problem
7	Us oncology and pharmaceutical clinical research trails.
8	Clinical trials (Phase 3)
9	Vitamin D deficiency and musculoskeletal pain, ECG abnormalities in inflamation, muscle disease
10	Pulmonary & Musculoskeletal
11	Just submitted 1st its kind research on patient complaints, Surgery on internet health forums
12	refractive surgery and external eye disease
13	NCI Based
14	Phase III for antidepressant trial
15	Factors that contribute to medication related problems in the ENI also rational ER
16	Drug/ denied studies in cancer
17	Astaint management and assessment
18	HEP's
19	Plaque Regression, New Stents
20	Antribitic or pulmonay trials
21	on campus responsibilities
22	Difference on inhaled medications
23	obstructive sleep apnea
24	Pulm embolizims treatment. activation in shock
25	Acne, psoriasis
26	relates to personal injury/ medical malpractice
27	cover clinical trials

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28	pharma, device, phase 2,3,4
29	vaccine
30	asthma, later allergy
31	CASL presentations
32	Vaccines, antibiotics
33	Touette syndrome and epilepsy research
34	Kansas city clinical oncology program
35	mostly educational projects
36	case outcome studies
37	part of a research company, center for pharmaceutical research
38	vaccines
39	post partman depression-national study
40	PT care studies- clinical, orag studies-clinical and lab
41	children's oncology group
42	effect of blood donation on prevalence of MI'S association of SX with diastolic function. Effect of public smoking bans on MI chelation therapy
43	pain controlled
44	Clinical trials in oncology, NSAISP, RTOG,SWOG,DRWC, prolocoly
45	Case Pavoeb
46	2 Phase III trials, 1 Registry
47	reach reduction of allow for continental health.
48	osteoporosis research
49	CAD
50	infectious disease related
51	public healh
52	Hemophilia care, other bleeding disorder care
53	Anti-angiogenesis therapy
54	hearing loss, reconstruction. cancer
55	Clinical trials laboratory testing
56	pharmaceutical treatment of phenylertonuna
57	HTN, D.M, anotha copp
58	confidential-clinical trials with medicines in children Also clinical trials with asthma, food allergy
59	projects threw pros network of the aap
60	Vaccine trials, PK antibiotic and antifungal studies, antibiotic safety trials, antibiotic and antifungal efficacy studies, immune response to viral disease
61	Psychopharmacological clinical trials and autism-related outcome research
62	Genetics of obesity and osteoporosis
63	Cancer treatment protocols
64	Developmental and analysis of surgical techniques and results
65	Muscular dystrophy,
66	hematologic related
67	Inpatient management of bronchitis
68	Disc Annular Repair- Annulex. Diam for LBP- Medtronic.
69	Studies involving tracking patient diseases. Some studies utilizing new medications.
70	catheter heart stent technologies; drugs for acute coronary syndromes
71	C Diff, Anticoagulation & VTE, HTN, DM2, Depression in chronic pain, palliative care outcomes
72	histoplasmosis case studies
73	asthma, allergic rhinitis, hereditary angioedemia clinical studies

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74	Just finished a stroke prevention trial
75	ultrasound/ diagnostic
76	hormone replacement
77	vaccination RA, OA, migraine, women's health, osteoporosis, hypertension, cholesterol, diabetes
78	outcomes research, new products
79	Mainly case study publications
80	Industry sponsored trials on Rx; Unfunded retrospective chart reviews for Rx side effects
81	Cochlea Implant outcomes

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Finally, we focus our analysis on medical and non-medical community service. Respondents selected the number of non-compensated medical and non-medical community service hours they perform each month.

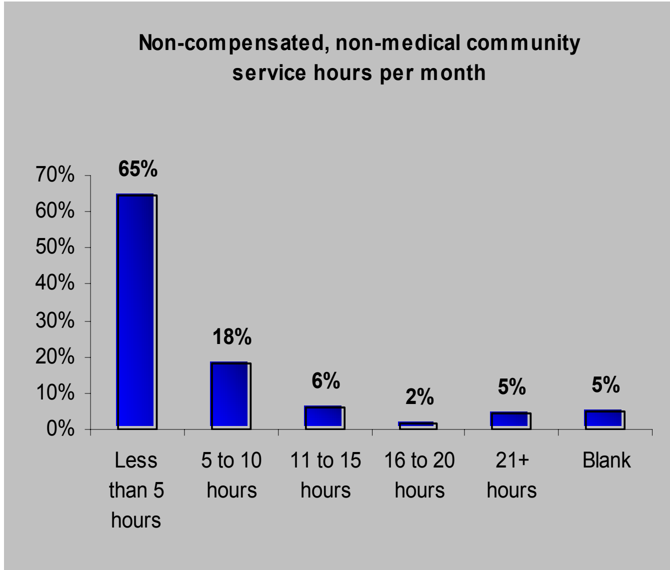

Exhibit 30

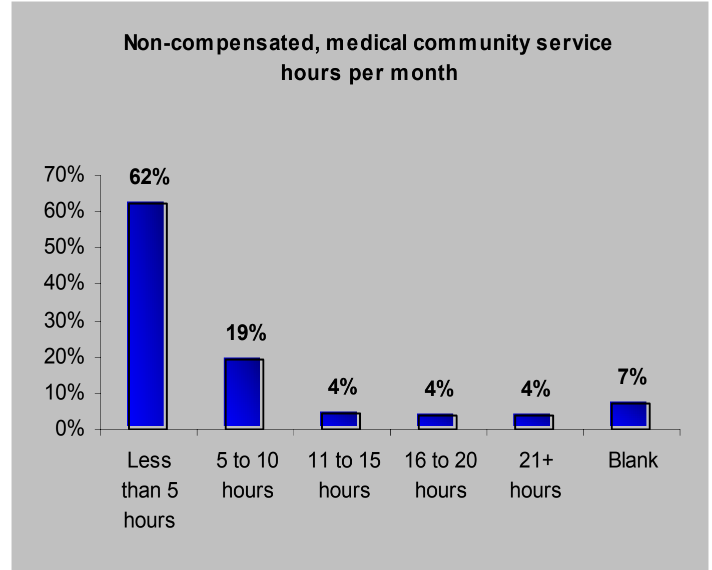

Exhibit 31

Respondents were also asked to describe the community service they perform. The results are below.

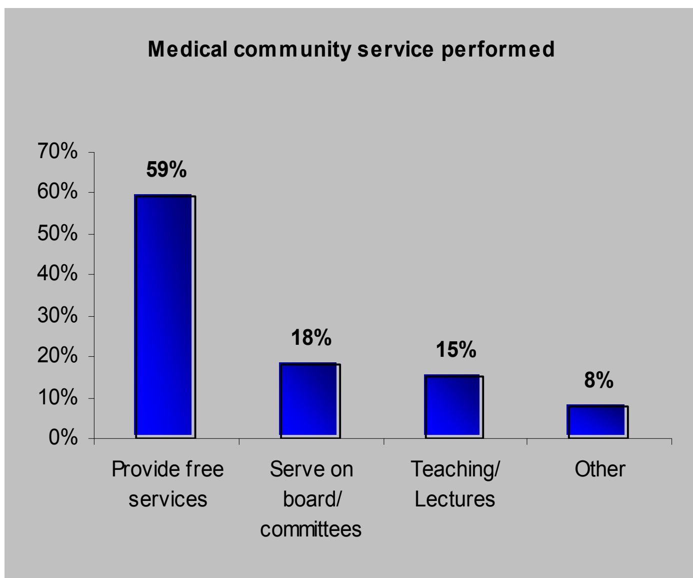

Exhibit 33

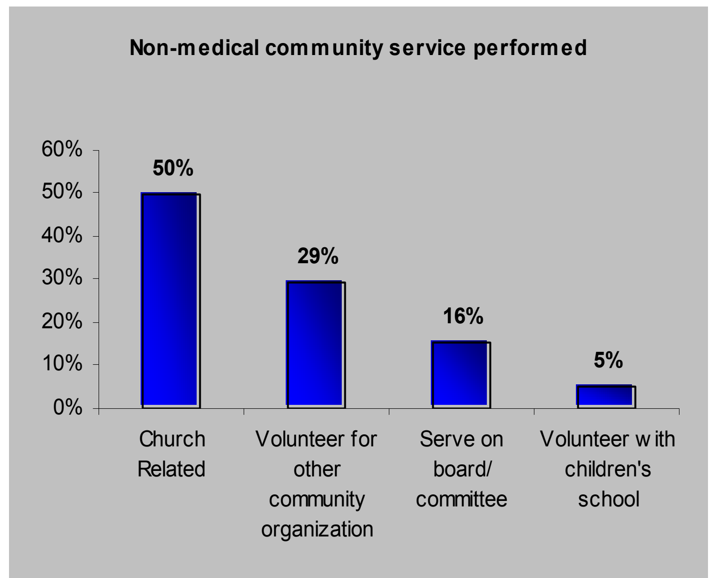

Exhibit 34

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