CENTER for STUDYING HEALTH SYSTEM CHANGE

Data Bulletin

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A SNAPSHOT OF U.S. PHYSICIANS:

KEY FINDINGS FROM THE 2008 HEALTH TRACKING PHYSICIAN SURVEY

By Ellyn Boukus, Alwyn Cassil and Ann S. O'Malley

This Data Bulletin presents findings from the Center for Studying Health System Change (HSC) 2008 Health Tracking Physician Survey, a nationally representative mail survey of U.S. physicians providing at least 20 hours per week of direct patient care. The sample of physicians was drawn from the American Medical Association master file and included active, nonfederal, office- and hospital-based physicians. Residents and fellows were excluded, as well as radiologists, anesthesiologists and pathologists. The survey includes responses from more than 4,700 physicians, and the response rate was 62 percent. Estimates from this survey should not be compared to estimates from HSC's previous Community Tracking Study (CTS) Physician Surveys because of changes in the survey administration mode from telephone to mail, question wording, skip patterns, sample structure and population represented. More detailed information on survey content and methodology can be found at www.hschange.org.

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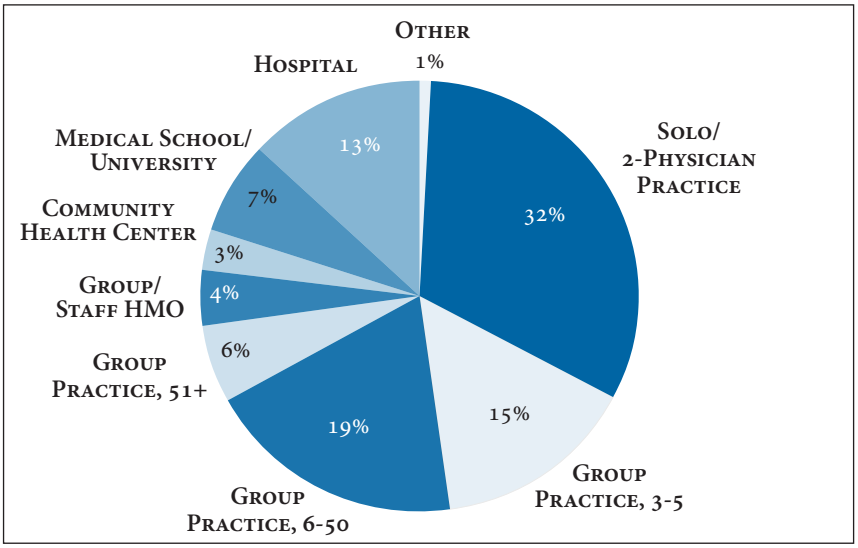
600 Maryland Avenue, SW, Suite 550
Washington, DC 20024-2512
Tel: (202) 484-5261
Fax: (202) 484-9258
www.hschange.org

President: Paul B. Ginsburg

Figure 1
U.S. Physicians by Practice Type, 2008



Source: HSC 2008 Health Tracking Physician Survey

Physicians are the linchpins of the U.S. health care system because their clinical decisions affect how up to 90 percent of every health care dollar is spent.[1] As health care spending continues to rise rapidly, the number of uninsured Americans grows and quality of care remains uneven, there is an urgent need to increase the value of the nation's $2.4 trillion annual spending on health care.

If policy makers are to guide the health care system toward greater value, they need timely, credible information about physicians and their practice of medicine. The nationally representative Center for Studying Health System Change (HSC) 2008 Health Tracking Physician Survey covers a wide variety of physician and practice dimensions, from basic demographic characteristics, practice organization and career satisfaction to insurance acceptance, compensation arrangements and charity care provision.

Unfortunately, because of changes in survey administration, results from the 2008 Health Tracking Physician Survey cannot be compared to findings from earlier HSC Community Tracking Study Physician Surveys. Yet, as the nation engages in the most serious discussion of comprehensive health care reform in 15 years, the 2008 physician survey establishes a new baseline that will allow future tracking of how physicians organize and practice medicine.

A Snapshot of U.S. Physicians

In 2008, nearly one-third of physicians worked in solo or two-physician practices, 15 percent worked in groups of three to five physicians, and 19 percent worked in practices of six to 50 physicians (see Figure 1). Thirteen percent practiced in hospital settings, with 44 percent of hospital-based physicians working in office practices or clinics, and the remainder split evenly between emergency rooms and hospital

Table 1
Select Characteristics of U.S. Direct Patient Care Physicians, 2008

Gender	
Male	72.5%
Female	27.5
Physician Race	
White, Non-Hispanic	73.7
Black, Non-Hispanic	3.8
Hispanic	5.3
Asian and Other[1]	17.2
Hours Worked in Previous Week	
0-39	17.8
40+	82.2
Years in Practice	
<= 10	29.3
11-20	31.9
> 20	38.8
Specialty	
Internal Medicine	14.1
Family/General Medicine	17.3
Pediatrics	7.8
Medical Specialties	28.2
Psychiatry	6.9
Surgical Specialties	18.9
ObGyn	6.8
Board Certified	
Board Certified	90.0
Not Board Certified	10.0
Location of Medical Training	
U.S./Canada	77.5
Other	22.5
Ownership Status	
Full/Part Owner	56.3
Non-Owner	43.7

[1] "Asian and Other" includes physicians who identified themselves as Asian or Pacific Islander or specified another race that does not fall into any of the other categories.

Source: HSC 2008 Health Tracking Physician Survey

staff. Three percent of physicians worked in community health centers (CHCs) and 4 percent in group or staff-model health maintenance organizations (HMOs).

Almost three-quarters of U.S. physicians were men in 2008 (see Table 1). But for physicians under age 40, slightly more than 41 percent were women, signaling how the composition of the physician workforce may change in the future (findings not shown).

Three out of four physicians identified themselves as white, non-Hispanic, while 3.8 percent were black, non-Hispanic, 5.3 percent were Hispanic, and 17.2 percent were Asian or other races. However, among physicians under age 40, about two-thirds were white and 33 percent were minority—black (4%), Hispanic (5.4%), and Asian or other race (24%) (findings not shown).

More than 80 percent of physicians surveyed worked full time, more than half (53%) were 40 to 55 years old, and almost four in 10 have practiced medicine for more than 20 years. Nine in 10 physicians were board certified, and 22 percent received their medical training outside of the United States or Canada. Almost 40 percent were primary care physicians, 35.1 percent were medical specialists, including psychiatrists, and 25.7 percent were surgeons, including obstetrician/gynecologists.

A slight majority of physicians (56%) were either full or part owners of their practices, while 44 percent were employees or independent contractors.

When comparing the geographic distribution of physicians to the U.S. population at large, physicians were overrepresented in the Northeast and large metropolitan areas—likely reflecting in some cases patients traveling to urban areas for specialized services—and underrepresented in the South (see Figures 2a and 2b).

Physician Compensation Arrangements

In 2008, 44 percent of physicians reported receiving some form of performance-adjusted salary, for example an adjustment based on their own productivity (see Table 2a). Roughly a quarter indicated payment by fixed salary, and 20 percent received a share of practice revenue.

Productivity factors and overall practice financial performance were the most common financial incentives affecting physicians' compensation (see Table 2b). About 61 percent of physicians reported these factors were moderately or very important in determining their compensation. In contrast, less than one in 10 physicians reported that results of practice profiling—how the physician's resource use compares to other physicians—were moderately or very important in determining their compensation. Likewise, about one in eight physicians reported quality-of-care measures (13%) and one in seven reported patient satisfaction surveys (15%) were moderately or very important in determining their compensation.

Factors considered important in determining compensation varied across physician and practice characteristics. Productivity and practice financial performance tended to increase in importance as physician income increased, while quality measures, patient satisfaction and profiling diminished in importance. Across specialties, compensation of surgical specialists was more sensitive to productivity and financial performance and less sensitive to the remaining measures, relative to gen-

eral internists. Among physicians in non-institutional practice settings, the influence of productivity measures increased with physician group size. Physicians working in group or staff-model HMOs cited patient satisfaction surveys, quality measures and practice profiling as more important incentives compared with physicians in solo or two-physician practices. Physicians eligible for bonuses tended to cite all factors as important to their compensation relative to those who were ineligible for bonuses.

Career Satisfaction

Forty-three percent of physicians stated that they were "somewhat satisfied" with their overall medical career, and 39 percent were "very satisfied" (see Table 3). Career satisfaction levels tended to vary by physician and practice characteristics. Physicians in practice for more than 20 years provided more extreme responses: they were more likely to be either very satisfied or very dissatisfied relative to newer doctors. Pediatricians and both medical and surgical specialists reported greater career satisfaction than general internists, family practitioners, psychiatrists and obstetrician/gynecologists. Physicians with higher incomes also reported greater career satisfaction.

Acceptance of New Patients

On average, almost half of physicians' practice revenue was derived from public sources—about 31 percent from Medicare and 17 percent from Medicaid.

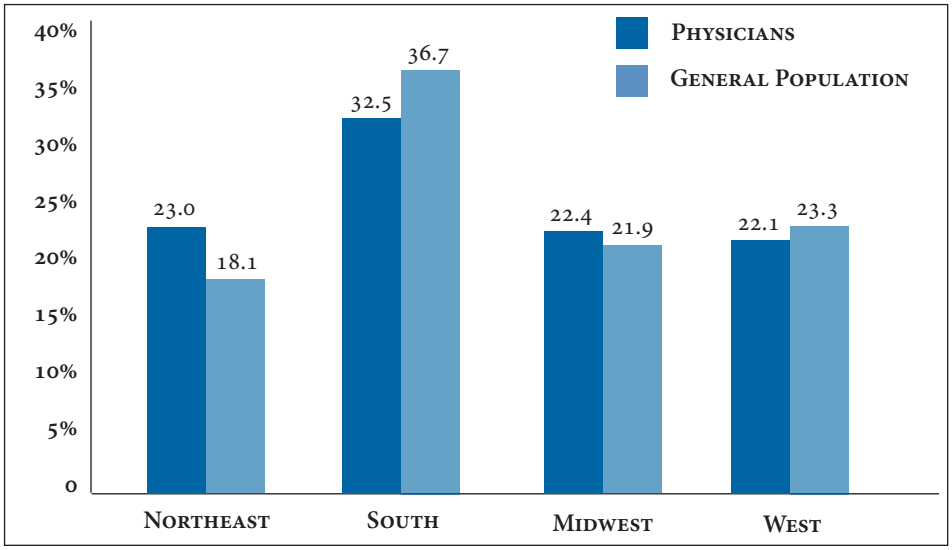
Practices' acceptance of new patients varied by patient insurance type and physician and practice characteristics (see Tables 4a-4c). Generally, practices were much less likely to accept new Medicaid patients than new Medicare or privately insured patients.

Slightly more than half of physicians (53%) reported their practices were accepting all or most new Medicaid patients; 28 percent reported accepting no new Medicaid patients. Almost nine in 10 physicians (87%) reported their practices were accepting all or most new privately insured patients, and almost three-quarters (74%) reported their practices accept all or most new Medicare patients.

Some patterns emerged related to physician and practice traits and acceptance of new patients. Black physicians were more likely to accept new Medicaid patients. Medical and surgical specialists were more likely to accept new patients regardless of insurance type, possibly because of the distinct episodic nature of the services they tend to provide—as opposed to primary care physicians who provide ongoing care across patients' conditions. And, psychiatrists were much less likely to accept new patients regardless of insurance type. Group practices, especially those with six or more physicians, and institutional practices were more likely to accept new patients across the board. Likewise, physicians in rural areas reported their practices were more likely to accept new patients (findings not shown).

Figure 2a

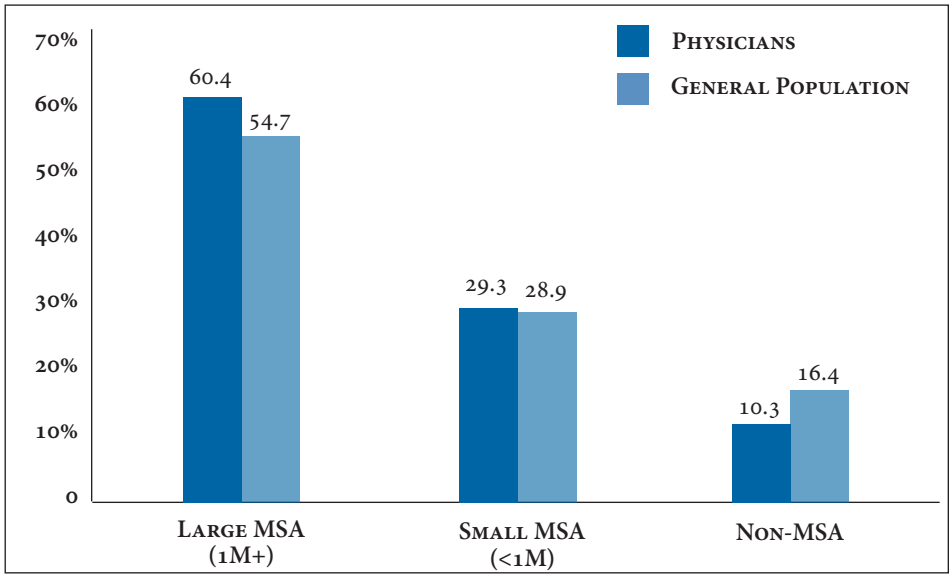
Distribution of U.S. Physicians and General Population by Census Regions, 2008



Sources: HSC 2008 Health Tracking Physician Survey and U.S. Census Bureau, 2008 Population Estimates, Region, Division and States

Figure 2b

Distribution of U.S. Physicians and General Population by Urban Status, 2008



Sources: HSC 2008 Health Tracking Physician Survey and U.S. Census Bureau, Estimates of Population Change for Metropolitan Statistical Areas and Rankings, July 1, 2007 to July 1, 2008

Managed Care Contracts

Despite anecdotal reports that many physicians have dropped out of insurance networks, the vast majority of physicians (87.6%) had managed care contracts in 2008 (see Table 5). Moreover, almost 70 percent

Table 2a
Physician Compensation Arrangements, 2008

Physician Income	
< $150K	34.7%
$150 - $250K	35.3
$250K+	30.0
Compensation Method	
Performance-Adjusted Salary[1]	43.8
Fixed Salary	24.7
Shift, Hourly, or Other Time-Based Payment	6.2
Share of Practice Revenue	19.5
Other Compensation	5.8
Bonus Available	
Yes[2]	45.3
No	54.7
Sources of Practice Revenue[3]	
Average Percent Revenue from Medicare	31.4
Average Percent Revenue from Medicaid	16.8

[1] For example, adjustments based on physician's own productivity, practice financial performance, quality measures, and/or practice profiling.

[2] Includes periodic adjustments, bonuses, returns on withholds, or any supplemental payments, either from the practice or from health plans.

[3] Average of percent of practice revenue coming from each program, across all physicians. These are not distributions, hence numbers do not sum to 100%.

Source: HSC 2008 Health Tracking Physician Survey

reported they have five or more managed care contracts (findings not shown).

Compared with physicians with one or more managed care contracts, physicians without managed care contracts were more likely to have practiced for more than 20 years, work fewer than 40 hours per week, lack board certification, work in solo or two-physician practices, live in the western United States and report practicing in a non-competitive environment.

Options for physicians who do not contract with managed care plans range from seeing only patients covered by insurance products that do not include provider networks (such as fee-for-service Medicare), establishing cash-only practices, and serving managed care patients as an out-of-network provider who can balance bill patients for charges beyond insurer allowances for out-of-network care.

Across specialties, psychiatrists were much less likely to have managed care contracts—about one-third did not have any managed care contracts—perhaps reflecting both low reimbursement rates and the burden of greater utilization management from health plans and managed behavioral health companies that many psychiatrists face. It also may reflect shortages of psychiatrists in many areas. In contrast, pediatricians are more likely to have managed care contracts—only 4.8 percent reported no managed care contracts—likely because Medicaid managed care plans represent a significant source of coverage for children.

Charity Care

In 2008, slightly less than six in 10 U.S. physicians (59.1%) reported providing charity care—defined as free or reduced-cost care—to patients in financial need (see Table 6).

On average, physicians who provided charity care provided 9.5 hours of charity care in the month preceding the survey, which amounts to slightly more than 4 percent of their time spent in all medically related activities.

Provision of charity care varied considerably across physician and practice characteristics. Surgical specialists (73.5%) were the most likely to provide charity care, probably because many are required to be on call at hospitals and encounter uninsured patients who need emergency services. Pediatricians (45.6%) were the least likely to provide charity care, perhaps reflecting the fact that fewer children are uninsured because of more generous public coverage eligibility.

Levels of charity care were highest among physicians in solo or two-physician practices (71.5%). By comparison, physicians in larger groups, HMOs and institutional practices—where charity care policies likely are set at the organizational level—were much less likely to provide charity care.

Physicians at the highest income levels reported the greatest provision of charity care: 67 percent of physicians with practice incomes exceeding $250,000 provided charity care in 2008, compared with 54.7 percent of physicians earning less than $150,000. Physicians providing charity care also were more likely to have been in practice for more than 10 years. ■

Note

1. Sager, Alan, and Deborah Socolar, *Health Costs Absorb One-Quarter of Economic Growth, 2000–2005*, Data Brief No. 5, Boston University School of Public Health (Feb. 9, 2005); Eisenberg, John, "Physician Utilization The State of Research About Physicians' Practice Patterns," *Medical Care,* Vol. 40, No. 11 (2002).

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Table 2b

Moderately or Very Important Factors in Determining Compensation, by Physician and Practice Characteristics, 2008

	Percent of Physicians Reporting Factor is Moderately or Very Important in Determining Compensation[1]				
	Productivity Factors	Patient Satisfaction Surveys	Quality of Care Measures	Practice Profiling Results[2]	Practice Financial Performance
All Physicians	61.1%	14.6%	12.6%	9.2%	61.5%
Physician Race					
White, Non-Hispanic (R)	63.0	11.7	9.7	7.1	62.4
Black, Non-Hispanic	56.4	18.2*	18.9**	16.9**	60.4
Hispanic	59.2	20.6**	18.2**	11.4*	61.5
Asian and Other[3]	57.6**	24.5**	21.3**	15.8**	60.4
Specialty					
Internal Medicine (R)	59.6	18.1	19.3	10.6	56.6
Family/General Practice	64.8*	16.9	17.0	11.6	58.1
Pediatrics	56.1	15.5	17.5	9.5	65.8**
Medical Specialties	59.7	16.1	10.5**	9.4	62.0*
Psychiatry	43.3**	10.2**	6.7**	7.0	44.8**
Surgical Specialties	69.6**	10.0**	7.5**	7.7	68.6**
ObGyn	60.4	11.7**	10.1**	5.1**	70.5**
Ownership Status					
Full/Part Owner (R)	63.1	11.3	10.5	7.8	70.9
Non-Owner	58.5**	18.9**	15.2**	11.0**	49.4**
Income					
< $150K (R)	54.4	15.1	14.3	10.2	54.4
$150 - $250K	63.0**	16.6	13.8	9.4	62.8**
$250K+	66.6**	11.7**	9.0**	7.8*	68.2**
Practice Type					
Solo/2 Physicians (R)	54.6	10.5	11.2	8.0	65.0
Group, 3-5	69.5**	7.5*	7.0**	4.7**	66.1
Group, 6-50	72.9**	12.3	11.0	9.8	65.1
Group, 51+	86.7**	24.8**	19.1**	15.2**	72.2*
HMO	48.0	59.0**	44.7**	18.6**	62.7
Institutional Practice[4]	51.7	17.6**	12.8	10.5*	49.3**
Compensation Method					
Performance-Adjusted Salary (R)[5]	81.9	16.9	15.5	10.6	68.9
Fixed Salary	37.6**	15.4	12.0**	9.4	50.5**
Shift, Hourly, or Other Time-Based Payment	33.2	23.4**	14.6	11.3	41.4**
Share of Practice Revenue	60.4**	7.5**	7.2**	5.9**	68.7**
Other Compensation	42.4	8.6**	9.1	6.9	56.0
Bonus Available					
Yes (R)[6]	73.4	20.3	17.6	11.7	70.0
No	51.4**	9.8**	8.3**	7.2**	55.0**

* Difference from reference group, as indicated by (R), is statistically significant at p<.05. ** at p<.01.

1 Selection of multiple factors was permitted, hence rows do not sum to 100 percent.

2 Defined as comparing your pattern of medical resource use with that of other physicians.

3 "Asian and Other" includes physicians who identified themselves as Asian or Pacific Islander or specified another race that does not fall into any of the other categories.

4 Institutional practice includes CHCs, hospitals and medical school/university.

5 For example, adjustments based on physician's own productivity, practice financial performance, quality measures, and/or practice profiling.

6 Includes periodic adjustments, bonuses, returns on withholds, or any type of supplemental payment, either from your practice or from health plans.

Source: HSC 2008 Health Tracking Physician Survey

Table 3

Career Satisfaction, by Physician and Practice Characteristics, 2008

	Very Satisfied	Somewhat Satisfied	Neither	Somewhat Dissatisfied	Very Dissatisfied
All Physicians	38.7%	42.8%	3.8%	10.9%	3.8%
Physician Race					
White, Non-Hispanic (R)	39.9	41.9	3.3	10.8	4.1
Black, Non-Hispanic	29.0**	52.1*	5.2	11.4	2.3
Hispanic	34.0	45.6	1.9	14.0	4.5
Asian and Other[1]	36.2	44.5	6.0**	10.7	2.6*
Hours Worked in Previous Week					
0-39 (R)	44.1	38.7	3.7	10.3	3.2
40+	37.5**	43.7**	3.8	11.1	3.9
Years in Practice					
<= 10 (R)	36.7	45.7	4.4	10.6	2.6
11-20	34.6	45.3	3.9	12.2	4.0*
> 20	43.8**	38.5**	3.2	10.1	4.4**
Specialty					
Internal Medicine (R)	33.0	43.4	5.4	14.1	4.1
Family/General Practice	34.3	46.3	3.7	11.8	3.9
Pediatrics	50.9**	37.1*	3.2	7.5**	1.3**
Medical Specialties	40.8**	42.6	3.0*	10.1*	3.5
Psychiatry	38.0	42.5	5.0	10.8	3.7
Surgical Specialties	40.5**	41.0	3.5	10.3*	4.7
ObGyn	35.0	45.5	4.3	11.6	3.6
Location of Medical Training					
U.S./Canada (R)	39.5	43.4	3.1	10.4	3.6
Other	36.0*	40.6	6.1**	12.9*	4.4
Ownership Status					
Full/Part Owner (R)	39.9	40.5	3.4	11.9	4.3
Non-Owner	37.3	45.7**	4.2	9.8*	3.0*
Income					
< $150K (R)	33.7	43.1	4.9	13.6	4.7
$150 - $250K	37.5*	44.3	4.1	11.2*	2.9**
$250K+	46.0**	40.7	2.1**	7.5**	3.7
Practice Type					
Solo/2 Physicians (R)	36.9	40.5	4.5	12.7	5.4
Group, 3-5	40.0	43.3	1.9**	12.3	2.5**
Group, 6-50	41.7*	41.7	4.2	9.1**	3.3*
Group, 51+	39.9	42.7	2.5	11.4	3.5
HMO	34.6	48.2	3.7	9.6	3.9
Institutional Practice[2]	38.2	46.1**	3.6	9.3**	2.8**

* Difference from reference group, as indicated by (R), is statistically significant at p<.05. ** at p<.01.

1 "Asian and Other" includes physicians who identified themselves as Asian or Pacific Islander or specified another race that does not fall into any of the other categories.

2 Institutional practice includes CHCs, hospitals and medical school/university.

Source: HSC 2008 Health Tracking Physician Survey

Table 4a

Acceptance of New Medicare Patients, by Physician and Practice Characteristics, 2008

	Average % Revenue from Medicare	Accepts All New Medicare Patients	Accepts Most New Medicare Patients	Accepts Some New Medicare Patients	Accepts No New Medicare Patients
All Physicians	31.4%	58.0%	16.1%	12.2%	13.7%
Physician Race					
White, Non-Hispanic (R)	30.7	57.7	15.9	12.3	14.1
Black, Non-Hispanic	26.9*	57.3	16.0	11.9	14.8
Hispanic	32.7	56.4	16.4	11.4	15.8
Asian and Other[1]	34.4**	59.9	16.6	12.1	11.4*
Years in Practice					
<= 10 (R)	30.8	62.9	14.4	11.0	11.7
11-20	30.5	56.1**	15.9	13.4*	14.6*
> 20	32.6*	56.0**	17.5*	12.0	14.5*
Specialty					
Internal Medicine (R)	44.2	54.7	18.6	17.2	9.5
Family/General Practice	28.5**	49.1*	19.6	17.7	13.6*
Medical Specialties	37.6**	73.9**	14.9*	5.9**	5.3**
Psychiatry	17.3**	34.1**	12.3*	18.2	35.4**
Surgical Specialties	36.7**	69.7**	17.8	7.7**	4.8**
ObGyn	12.2**	51.6	16.3	19.6	12.5
Ownership Status					
Full/Part Owner (R)	32.5	51.4	17.9	14.5	16.2
Non-Owner	30.0**	66.7**	13.7**	9.1**	10.5**
Income					
< $150K (R)	29.0	50.6	17.2	12.8	19.4
$150 - $250K	31.6**	59.2**	15.1	12.4	13.3**
$250K+	33.9**	65.3**	15.9	11.1	7.7**
Practice Type					
Solo/2 Physicians (R)	32.0	46.0	18.5	15.9	19.6
Group, 3-5	31.9	54.9**	17.2	12.1*	15.8*
Group, 6-50	33.6	58.8**	18.7	12.0**	10.5**
Group, 51+	31.3	57.1**	17.1	15.2	10.6**
HMO	28.5*	55.8*	16.4	20.2	7.6**
Institutional Practice[2]	29.6**	76.5**	10.2**	5.5**	7.8**
Percent Revenue from Medicare					
0-25% (R)	10.6	44.7	13.4	15.5	26.4
26-50%	39.1**	67.6**	18.9**	9.5**	4.0**
51%+	67.9**	71.1**	16.6*	9.5**	2.8**

* Difference from reference group, as indicated by (R), is statistically significant at p<.05. ** at p<.01.

1 "Asian and Other" includes physicians who identified themselves as Asian or Pacific Islander or specified another race that does not fall into any of the other categories.

2 Institutional practice includes CHCs, hospitals and medical school/university.

Source: HSC 2008 Health Tracking Physician Survey

Table 4b

Acceptance of New Medicaid Patients, by Physician and Practice Characteristics, 2008

	Average % Revenue from Medicaid	Accepts All New Medicaid Patients	Accepts Most New Medicaid Patients	Accepts Some New Medicaid Patients	Accepts No New Medicaid Patients
All Physicians	16.8%	40.2%	12.4%	19.2%	28.2%
Physician Race					
White, Non-Hispanic (R)	15.2	39.4	11.4	19.3	29.9
Black, Non-Hispanic	28.0**	48.1*	15.5	15.4	21.0**
Hispanic	21.0**	40.2	15.1	17.1	27.6
Asian and Other[1]	20.1**	41.9	15.0*	20.1	23.0**
Years in Practice					
<= 10 (R)	19.5	47.0	13.6	17.5	21.9
11-20	16.6**	38.5**	11.7	19.1	30.7**
> 20	14.9**	36.5**	12.0	20.6*	30.9**
Specialty					
Internal Medicine (R)	13.0	31.0	8.5	20.5	40.0
Family/General Practice	16.0**	30.8	13.3**	20.5	35.4
Pediatrics	33.9**	42.2**	15.1**	24.8	17.9**
Medical Specialties	15.4**	53.9**	10.7	15.4**	20.0**
Psychiatry	22.9**	31.2	10.3	12.5**	46.0
Surgical Specialties	10.7**	39.9**	15.3**	21.9	22.9**
ObGyn	23.6**	34.4	16.0**	21.7	27.9**
Ownership Status					
Full/Part Owner (R)	11.9	27.8	12.1	22.9	37.2
Non-Owner	23.1**	56.2**	12.8	14.4**	16.6**
Income					
< $150K (R)	19.9	38.3	13.0	17.4	31.3
$150 - $250K	17.2**	41.5	10.8	20.3*	27.4*
$250K+	12.8**	40.9	13.4	20.1	25.6**
Practice Type					
Solo/2 Physicians (R)	13.0	23.9	11.5	21.3	43.3
Group, 3-5	12.3	31.0**	13.4	20.8	34.8**
Group, 6-50	12.3	36.5**	12.0	22.8	28.7**
Group, 51+	13.4	39.4**	14.3	26.5	19.8**
HMO	14.7	30.9	12.9	34.4**	21.8**
Institutional Practice[2]	29.3**	72.5**	12.7	8.7**	6.1**
Percent Revenue from Medicaid					
0-25% (R)	7.9	31.9	11.4	21.8	34.9
26-50%	38.1**	70.8**	16.1**	10.2**	2.9**
51%+	73.6**	72.1**	15.5	7.7**	4.7**

* Difference from reference group, as indicated by (R), is statistically significant at p<.05. ** at p<.01.

1 "Asian and Other" includes physicians who identified themselves as Asian or Pacific Islander or specified another race that does not fall into any of the other categories.

2 Institutional practice includes CHCs, hospitals and medical school/university.

Source: HSC 2008 Health Tracking Physician Survey

Table 4c

Acceptance of New Privately Insured Patients, by Physician and Practice Characteristics, 2008

	Accepts All New Privately Insured Patients	Accepts Most New Privately Insured Patients	Accepts Some New Privately Insured Patients	Accepts No New Privately Insured Patients
All Physicians	57.3%	29.3%	9.0%	4.4%
Physician Race				
White, Non-Hispanic (R)	56.6	29.5	9.2	4.7
Black, Non-Hispanic	62.2	21.2*	11.3	5.3
Hispanic	54.8	32.9	9.1	3.2
Asian and Other[1]	59.9	29.3	7.2	3.6
Years in Practice				
<= 10 (R)	59.6	29.5	7.6	3.3
11-20	55.7*	30.9	9.8*	3.6
> 20	57.0	27.9	9.3	5.8**
Specialty				
Internal Medicine (R)	49.8	31.6	13.9	4.7
Family/General Practice	52.1	33.0	9.7*	5.2
Pediatrics	60.2**	30.6	6.5**	2.7
Medical Specialties	67.6**	24.9**	5.2**	2.3**
Psychiatry	29.5**	26.2	27.3**	17.0**
Surgical Specialites	61.0**	30.1	6.2**	2.7
ObGyn	58.8**	33.0	4.5**	3.7
Ownership Status				
Full/Part Owner (R)	53.2	32.0	10.1	4.7
Non-Owner	62.6**	25.9**	7.5**	4.0
Income				
< $150K (R)	52.2	30.6	11.7	5.5
$150 - $250K	57.6**	29.0	8.8**	4.6
$250K+	62.9**	28.3	6.0**	2.8**
Practice Type				
Solo/2 Physicians (R)	49.0	31.3	13.6	6.1
Group, 3-5	55.1**	35.8*	6.3**	2.8**
Group, 6-50	60.5**	33.2	5.4**	1.0**
Group, 51+	57.9**	29.9	8.7*	3.5*
HMO	47.7	22.1**	13.1	17.1**
Institutional Practice[2]	69.8**	20.3**	6.6**	3.3**

* Difference from reference group, as indicated by (R), is statistically significant at p<.05. ** at p<.01.

1 "Asian and Other" includes physicians who identified themselves as Asian or Pacific Islander or specified another race that does not fall into any of the other categories.

2 Institutional practice includes CHCs, hospitals and medical school/university.

Source: HSC 2008 Health Tracking Physician Survey

Table 5

Physicians with No Managed Care Contracts, by Physician and Practice Characteristics, 2008

All Physicians	12.4%[1,2]
Hours Worked in Previous Week	
0-39 (R)	16.0
40+	11.6**
Years in Practice	
<= 10 (R)	9.9
11-20	10.7
> 20	15.7**
Specialty	
Internal Medicine (R)	12.1
Family/General Practice	10.1
Pediatrics	4.8**
Medical Specialties	13.5
Psychatry	32.6**
Surgical Specialties	9.9
ObGyn	9.6
Board Certification	
Board Certified (R)	11.4
Not Board Certified	21.4**
Income	
< $150K (R)	14.6
$150 - $250K	12.0*
$250K+	10.4**
Practice Type	
Solo/2 Physicians (R)	15.8
Group, 3-5	7.4**
Group, 6-50	7.9**
Group, 51+	6.2**
Institutional Practice[3]	14.1
Census Region	
Northeast (R)	10.9
South	13.4
Midwest	9.7
West	15.2**
Competitive Environment	
Very Competitive (R)	9.9
Somewhat Competitive	11.0
Not at All Competitive	18.0**

* Difference from reference group, as indicated by (R), is statistically significant at p<.05. ** at p<.01.

[1] Percentage of physicians with one or more contract equals the difference between 100 and percent with no contracts.

[2] Managed care contracts are defined as those with health plans, such as HMOs, PPOs, IPAs, and Point-of-Service plans that use financial incentives or specific controls to encourage utilization of specific providers associated with the plans.

[3] Institutional practice includes CHCs, hospitals and medical school/university.

Source: HSC 2008 Health Tracking Physician Survey

The vast majority of physicians (87.6%) had managed care contracts in 2008. Compared with physicians with one or more managed care contracts, physicians without managed care contracts were more likely to have practiced for more than 20 years, work fewer than 40 hours per week, lack board certification, work in solo or two-physician practices, live in the western United States and report practicing in a non-competitive environment.

Table 6

Charity Care Provision, by Physician and Practice Characteristics, 2008

	Provides Any Charity Care	Average # Hours of Charity Care Last Month, if Any	Percent of Practice Time Spent in Charity Care, if Any
All Physicians	59.1%	9.5	4.3%
Gender			
Male (R)	62.8	9.4	4.1
Female	49.2**	9.8	4.9*
Physician Race			
White, Non-Hispanic (R)	60.1	9.5	4.2
Black, Non-Hispanic	60.5	9.6	4.2
Hispanic	58.7	11.5	5.5*
Asian and Other[1]	54.3**	8.2*	3.8
Years in Practice			
<= 10 (R)	53.4	9.7	4.2
11-20	61.1**	10.0	4.3
> 20	61.8**	8.9	4.2
Specialty			
Internal Medicine (R)	54.3	8.8	4.0
Family/General Practice	59.7*	7.7	3.9
Pediatrics	45.6**	7.1	3.4
Medical Specialties	55.0	9.9	4.1
Psychiatry	57.7	9.6	4.9
Surgical Specialties	73.5**	11.3**	4.9*
ObGyn	61.6*	9.7	4.1
Ownership Status			
Full/Part Owner (R)	69.4	8.5	3.7
Non-Owner	45.9**	11.3**	5.4**
Income			
< $150K (R)	54.7	9.1	4.7
$150 - $250K	56.8	9.5	4.3
$250K+	67.0**	9.8	3.8**
Practice Type			
Solo/2 Physicians (R)	71.5	8.3	3.8
Group, 3-5	63.4**	8.5	3.5
Group, 6-50	62.1**	8.4	3.8
Group, 51+	51.1**	7.1	3.2
HMO	27.4**	6.3*	3.9
Institutional Practice[2]	44.8**	15.1**	6.7**

* Difference from reference group, as indicated by (R), is statistically significant at p<.05. ** at p<.01.

[1] "Asian and Other" includes physicians who identified themselves as Asian or Pacific Islander or specified another race that does not fall into any of the other categories.

[2] Institutional practice includes CHCs, hospitals and medical school/university.

Source: HSC 2008 Health Tracking Physician Survey