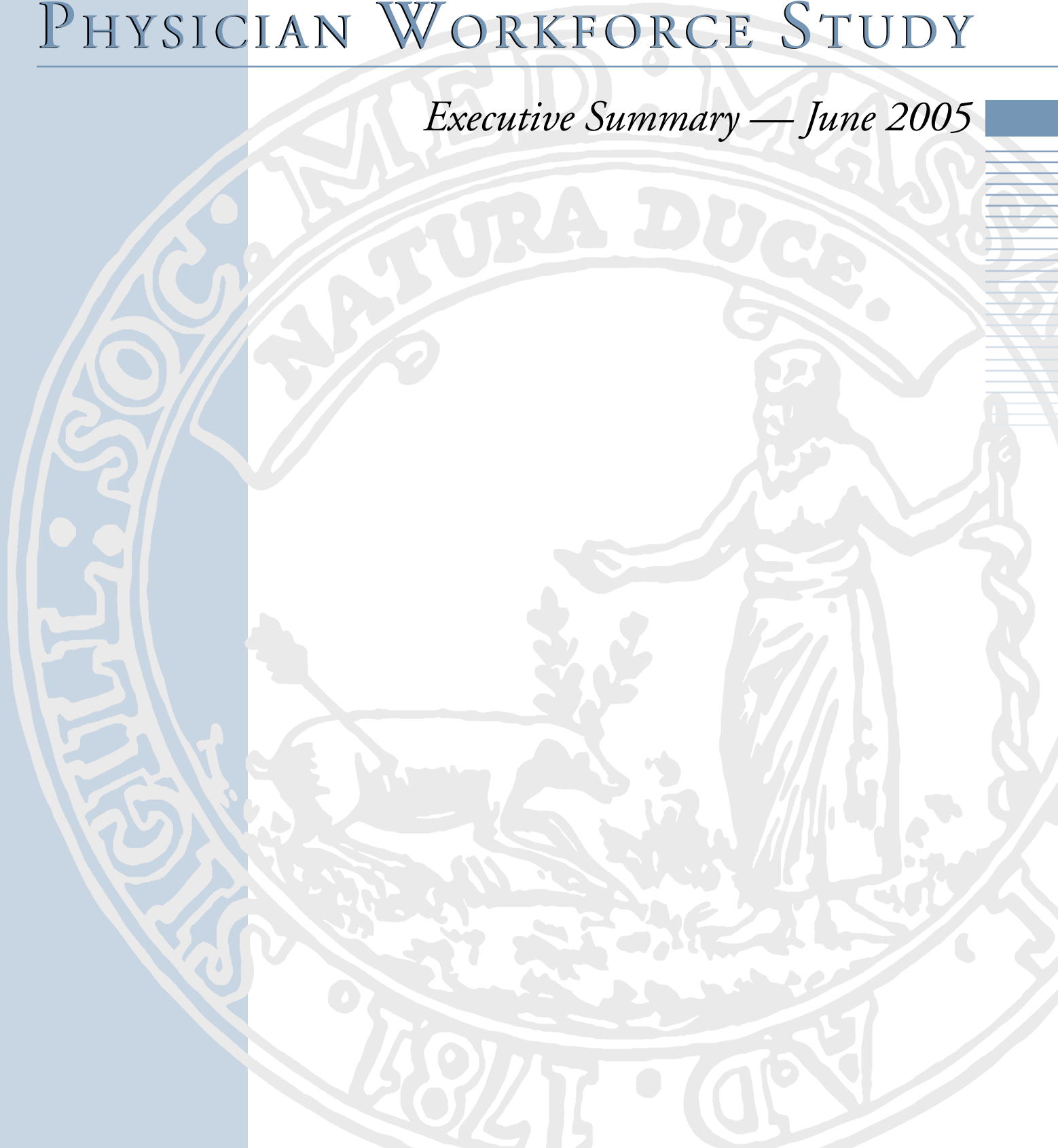


MASSACHUSETTS MEDICAL SOCIETY
PHYSICIAN WORKFORCE STUDY

Executive Summary — June 2005





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THE MASSACHUSETTS MEDICAL SOCIETY 2005 PHYSICIAN WORKFORCE STUDY

EXECUTIVE SUMMARY

I. Introduction

Physician labor markets in Massachusetts continue to be under extreme stress and will need significant system reform and collaboration from stakeholders to avert a health care crisis.

Perhaps better than any other, this generalization captures the essence of the contemporary labor market conditions in which physicians practice in the Commonwealth. The responses to the Massachusetts Medical Society (MMS) 2005 Physician Workforce Study repeatedly emphasize that the practice environment is singularly unfriendly. While 84% of the physicians who participated in the survey reported that the profession of medicine is “rewarding” or “very rewarding,” only one-third of the respondents reported that they are “satisfied” or “very satisfied” with the current practice environment. In addition, only 50% of physicians responded that they were sure they would choose medicine as a profession again. Results from the 2005 MMS Physician Practice Environment Index,¹ coupled with the findings of the 2005 Physician Workforce Study, help to identify the major factors that contribute to dissatisfaction among medical professionals. Rising overhead and medical liability costs, the ratio of housing costs to physician income, and fewer hours spent on patient care versus administrative tasks are a few of these factors.

Over time, this deteriorating practice environment has made it extremely difficult to recruit and retain physicians from what is often judged a shrinking pool of applicants. If these labor market conditions continue unchecked, these

¹ *MMS 2005 Physician Practice Environment Index. Available at: www.massmed.org/mmsindex. The Massachusetts Medical Society developed the index to measure the impact of nine indicators representing three major factors that influence the practice environment for physicians: **Supply of Physicians**, including the number of applications to Massachusetts medical schools, the percentage of physicians over 55, and the number of employment ads in the New England Journal of Medicine; **Practice Financial Conditions**, including New England median physician income, ratio of housing prices to median physician income, and professional liability costs; and **Physician Work Environment**, including physician cost of maintaining a practice, mean hours per week spent in patient care, and annual number of visits per emergency department.*

factors will most likely act as a serious constraint on physicians' ability to provide timely and quality services to the people of Massachusetts.

The MMS has not been alone in the quest to address the inadequacy of the physician workforce pool, the changing dynamics of the workforce, and its impact on access to care for patients. Numerous research projects and analyses have been undertaken in the past year to assist health care leaders in arriving at a better understanding of the magnitude of the problem.

For years, experts projected a surplus of physicians in the workforce by the year 2000.^{2,3} To the contrary, for the fourth consecutive year, the MMS reports in its Physician Workforce Study that Massachusetts is experiencing a critical physician shortage. In fact, a preponderance of studies and data indicate that the situation in the nation will worsen during the next 20 years.^{4,5} An adequate physician supply is essential for maintaining sufficient access to quality care for patients.

With this Executive Summary we will highlight the findings of the 2005 Physician Workforce Study. The results of the 2005 surveys add to earlier, similar conclusions drawn from the Physician Workforce Study surveys in 2002, 2003, and 2004, providing comprehensive data on physician practices, operating conditions, and opinions and attitudes of physicians and the public in the Commonwealth. This year, new questions were added to the survey of practicing physicians, as well as a telephone poll to gauge the patients' perspective of access to care.

II. Methodology

The MMS — under the direction of the Committee on Medical Service, and working with leading labor economists James Howell, Ph.D., and Andrew Sum, Ph.D. — has completed its fourth comprehensive study on the physician workforce in Massachusetts, using both primary (i.e., mail surveys and opinion

² Association of American Medical Colleges, *COGME Report Predicts Physician Shortage*, AAMC Reporter, November 2004. Available at www.aamc.org/newsroom/reporter/nov04/cogme.htm.

³ *The Numbers Game, Hospitals and Health Networks*, February 2005, Pages 20–21.

⁴ Association of American Medical Colleges, *COGME Report Predicts Physician Shortage*, AAMC Reporter, November 2004. Available at www.aamc.org/newsroom/reporter/nov04/cogme.htm.

⁵ Cooper, R.A. *Weighing the Evidence for Expanding Physician Supply*. *Annals of Internal Medicine*. November 2, 2004; Volume 141, Issue 9, pages 705–714. Available at www.annals.org/cgi/content/full/141/9/705 (accessed April 13, 2005).

polls) and secondary (i.e., existing databases and literature reviews) data collection methods.

The 2005 Physician Workforce Study uses information from the following six primary data sources:

1. A survey of a random sample of practicing physicians in community and hospital settings throughout Massachusetts
2. A survey of medical staff presidents in community hospitals
3. A survey of department chiefs in teaching hospitals
4. A survey of residency and fellowship program directors
5. An opinion poll of patients in Massachusetts
6. A telephone survey of physician offices in Massachusetts regarding wait times for appointments

The response rates for each of the surveys are described in Table 1.

SURVEY SOURCE	SURVEY RESPONSE RATE
Practicing Physicians	21%
Medical Staff Presidents in Community Hospitals	64%
Department Chiefs in Teaching Hospitals	55%
Residency and Fellowship Program Directors	58%

Opinion Poll And Physician Office Telephone Surveys

Opinion Dynamics, a Boston-based polling firm, called 400 Massachusetts residents to ask questions regarding opinions on access to health care.

Merritt, Hawkins, and Associates called 500 Massachusetts physician offices to determine wait times for appointments.

Secondary sources of information include articles from peer-reviewed journals, existing databases, the 2002, 2003, and 2004 Physician Workforce Study reports, and the MMS Physician Practice Environment Index,¹ which tracks the physician practice environment quantitatively.

III. Major Findings

Survey of Practicing Physicians — “Critical” or “Severe” Shortages

On the basis of a comprehensive analysis undertaken by the MMS across all four survey years — 2002 through 2005 — and for the 14 physician specialties selected for analysis, the MMS concluded that the following specialties are operating in labor market conditions facing “critical” shortages (see Chart 1):

- Anesthesiology
- Neurosurgery
- Radiology

In addition to these specialties, three more specialties are operating in “severe” labor markets (see Chart 1):⁶

- Gastroenterology
- Cardiology
- Orthopedics

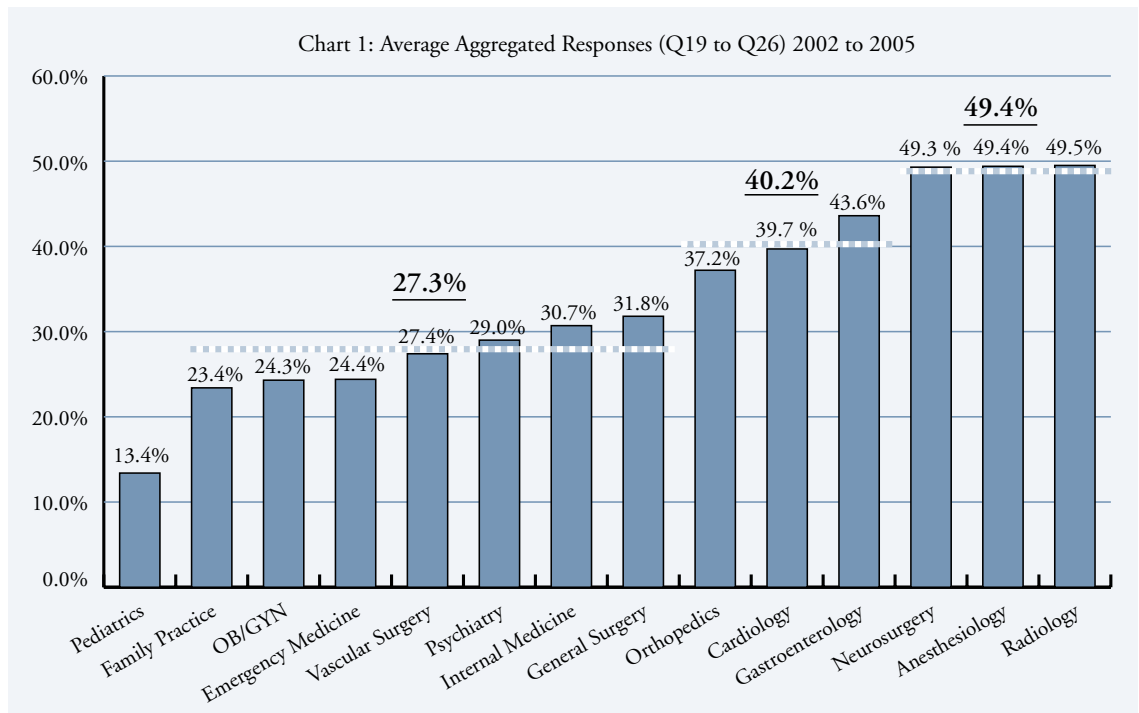
The basis for these important conclusions rests on the six key questions asked of practicing physicians in Massachusetts.⁷ The six questions are summarized below. They are designed to measure empirically the degree of stress that exists in physician labor markets. These pertinent questions have been asked in all four MMS surveys.

- **Question 19:** Is the current pool of physician applicants adequate to fill your vacant positions or expand your practice?
- **Question 20:** Are you currently experiencing difficulty in filling physician vacancies?

⁶ *Criteria for defining critical and severe labor markets — For a physician specialty to be considered “critical” in terms of its labor market tightness, responses to the six key questions must meet all the following criteria: responses to at least two out of six questions must exceed 50%, responses to remaining questions must exceed 20%, and individual responses to all six questions must be greater than the mean for each of the respective six questions for all physician specialties combined. For a physician specialty to be considered “severe” in terms of its labor market tightness, responses to the six key questions must exceed 50%, responses to at least five out of six must exceed 20%, and individual responses to any three out of six questions must be greater than the mean for each of the respective six questions for all physician specialties combined.*

⁷ *For each of the 14 physician specialties, answers to Questions 19 through 26 are averaged for each of the years 2002 through 2005, as demonstrated in Chart 1. The 14 specialties are segmented into three groupings. The horizontal lines with numbers above them are the means for each of the three subgroups.*

- **Question 21:** Have physician supply problems made it necessary for you to alter the services you provide?
- **Question 22:** Have physician supply problems made it necessary for you to adjust your professional staffing patterns?
- **Question 25:** Over the past three years, has the amount of time needed to recruit physicians changed? If yes, by how much time? (increased/decreased by number of months)
- **Question 26:** Over the past three years, has your ability to retain your existing staff of physicians changed? If yes, has retaining physicians in your practice become more difficult or easier?



Three important generalizations will be helpful in drawing out the most relevant conclusions the averages in Chart 1 support — specifically:

- Radiology, anesthesiology, and neurosurgery are most adversely impacted by the current conditions in the local labor market. Roughly one-half of the physicians surveyed over the four years have consistently indicated that they are experiencing extreme difficulties in recruiting and retaining physicians. These demands on physician practices have necessitated operational adjustments in their practices in order to satisfy patient demand.

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- The responses among cardiologists, orthopedists, and gastroenterologists are very near the uppermost cluster in the survey analysis, indicating that there is considerable labor market tightness for these three specialties. In addition, it is important to note that, on average, almost one-third of physicians in the general surgery and internal medicine specialties responded that they are experiencing labor market difficulties, but because their aggregate ratios are consistently lower, we have grouped these occupations in the upper tier of the third cluster.
 - Among the remaining six specialties in the third cluster (general surgery, internal medicine, psychiatry, vascular surgery, emergency medicine and OB/GYN) labor markets, while still under stress, are functioning under less stressful conditions than in the past.

IV. The Deteriorating Physician Practice Environment

The labor market tightness described above is the direct result of a significant deterioration in the Massachusetts physician practice environment.

A number of years ago, the MMS created the Physician Practice Environment Index to measure the impact of nine indicators representing three major factors that influence the practice environment for physicians.⁸

This Index is compiled annually and released each spring. Its most significant conclusion is that during the period from 1992 to 2004, the Massachusetts Physician Practice Environment Index fell 25%, while the statistically comparable U.S. Index declined 20%. Two of the Index variables measure the factors that adversely impact a physician's willingness to continue to practice in Massachusetts, or to make a career change to come to the Commonwealth. Over the years the Index covers, the two factors that have dominated its decline are the ratio of housing costs to physician income and the cost of maintaining a practice. Both of these important indicators show just how out of line Massachusetts is compared to other states.

⁸ **Supply of Physicians**, including the number of applications to Massachusetts medical schools, the percentage of physicians over 55, and the number of employment ads in the *New England Journal of Medicine*; **Practice Financial Conditions**, including New England median physician income, ratio of housing prices to median physician income, and professional liability costs; **Physician Work Environment**, including physician cost of maintaining a practice, mean hours per week spent in patient care, and annual number of visits per emergency department.

Escalating professional liability costs are another factor that has an adverse impact on the Massachusetts physician practice environment. Since 1992, professional liability insurance rates have increased 142% nationally, and 132% in the Commonwealth. The rates of increase in Massachusetts — at an average annual rate of 11% — have a negative impact on the state’s competitive position to retain and recruit physicians.

The impact of high professional liability expenses on a physician’s practice was a dominant concern among the respondents to the 2005 Physician Workforce Study’s survey of practicing physicians.

TABLE 2: IMPACT OF PROFESSIONAL LIABILITY EXPENSES ON PRACTICING PHYSICIANS

Q11: WHAT PERCENT OF YOUR TOTAL OPERATING COSTS DO PROFESSIONAL LIABILITY RATES REPRESENT?

PERCENT OF RESPONDENTS WITHIN EACH CATEGORY	2005	2004	2003
1–5%	25%	21%	35%
6–10%	29%	33%	30%
11–15%	16%	17%	11%
16–20%	12%	12%	9%
21–25%	6%	7%	4%
26–50%	7%	8%	9%
Greater than 50%	4%	3%	2%

These responses need to be judged within the context of each of the physician’s businesses, but in all three surveys, 35 to 47% of physicians reported that their professional liability costs were more than 10% of total business costs. Total business costs include overhead items such as staffing, rent, professional liability insurance, medical supplies, and equipment.

These aggregate rates of change are important, but the real story can only come out of the disaggregated analysis of each of the 14 physician specialties. Table 3 shows the percentages of practices by specialty where professional liability expenses exceeded 15% of total operating costs. These high-cost ratios create substantive pressures for the viability of physician practices.

TABLE 3: PERCENT OF PHYSICIAN PRACTICES EXPERIENCING PROFESSIONAL LIABILITY COSTS GREATER THAN 15% OF TOTAL OPERATING COSTS

SPECIALTY	2005	2004	2003
OB/GYN	81%	76%	69%
Neurosurgery	68%	73%	63%
General Surgery	59%	60%	46%
Vascular Surgery	56%	38%	42%
Orthopedic Surgery	43%	46%	20%
Anesthesiology	33%	18%	23%
Radiology	32%	16%	8%
Emergency Medicine	24%	33%	19%
Psychiatry	18%	22%	18%
Gastroenterology	16%	8%	8%
Internal Medicine	16%	13%	8%
Cardiology	12%	7%	6%
Family Practice	11%	13%	14%
Pediatrics	10%	16%	2%
SAMPLE MEAN PROPORTION	29%	30%	24%

- While the total sample means have been stable over time — roughly 24 to 30% — the real impact of high liability costs can best be judged in the context of those specialties experiencing liability costs greater than 15% of total operating costs. After all, cost shares of this magnitude can mean the difference between operating at a profit or a loss. Unquestionably, this is the most troubling point that often gets overlooked in the debate over liability reform.
- For 4 of the 14 specialties, there have been successive increases in the percent of respondents who reported professional liability costs greater than 15%. These are OB/GYN, radiology, internal medicine, and cardiology.
- In 2005, for five specialties — neurosurgery, OB/GYN, general surgery, orthopedics, and vascular surgery — the percent of physician practices who experienced professional liability costs greater than 15% of total operating costs is substantially higher than the sample mean.

TABLE 4: RESPONSES TO QUESTIONS 17 AND 18 OF THE PHYSICIAN SATISFACTION SURVEY

	QUESTION 17: HAVE PROFESSIONAL LIABILITY INSURANCE COSTS CAUSED YOU TO LIMIT THE SCOPE OF YOUR PRACTICE?	QUESTION 17: HAVE PROFESSIONAL LIABILITY INSURANCE COSTS CAUSED YOU TO LIMIT THE SCOPE OF YOUR PRACTICE?	QUESTION 18: HAVE YOU IN ANY WAY ALTERED OR LIMITED THE SCOPE OF YOUR PRACTICE BECAUSE OF A FEAR OF BEING SUED (E.G., PRACTICING DEFENSIVE MEDICINE)?	QUESTION 18: HAVE YOU IN ANY WAY ALTERED OR LIMITED THE SCOPE OF YOUR PRACTICE BECAUSE OF A FEAR OF BEING SUED (E.G., PRACTICING DEFENSIVE MEDICINE)?
SPECIALTY	YES 2005	YES 2004	YES 2005	YES 2004
Anesthesiology	8%	7%	38%	37%
Cardiology	10%	16%	34%	35%
Emergency Medicine	11%	14%	51%	68%
Family Practice	20%	20%	49%	50%
Gastroenterology	12%	15%	52%	55%
General Surgery	39%	29%	62%	49%
Internal Medicine	11%	8%	49%	49%
Neurosurgery	40%	50%	70%	64%
OB/GYN	41%	36%	64%	64%
Orthopedics	57%	41%	66%	60%
Pediatrics	11%	9%	33%	40%
Psychiatry	8%	8%	42%	42%
Radiology	20%	14%	56%	44%
Vascular Surgery	14%	0%	41%	56%
SAMPLE MEAN	18%	16%	48%	49%

- In terms of those specialties where relatively higher numbers of physicians responded that they have felt compelled to limit the scope of their practices because of high medical liability premiums, it is interesting to note that the responses were consistent with those specialties where critical or severe shortages have occurred in three of the past four years:
 - General surgery
 - Neurosurgery
 - Orthopedics
- It should also be noted that the high response rate of OB/GYNs who have limited the scope of their practices due to liability insurance costs — 41% in 2005 versus 36% in 2004 — is similar

to trends in other states where OB/GYNs are experiencing high medical liability fees.⁹

- The responses to Question 18 provide detailed statistical information on the issue of defensive medicine. Note specifically that the sample survey mean for those physicians who have limited the scope of their practices due to the cost of professional liability insurance ranged between 16 and 18%. A much larger ratio of those surveyed indicated that a fear of being sued has caused them to practice defensive medicine.
- Finally, the responses to Question 18 indicate quite clearly that approximately half of the respondents have altered or limited the scope of their practice (e.g., by practicing defensive medicine) because of fear of being sued, and three specialties (neurosurgery, orthopedics, and OB/GYN) have rates of more than 60% in both of the survey years.

V. Physician Satisfaction and Attitudes Toward the Profession

The most difficult issue facing physicians in Massachusetts is whether the practice environment has deteriorated to the point that they should retire early, relocate their practice to another state, or pursue other career options. In recent years, the MMS Physician Workforce Study has included two questions that focus specifically on this issue. The first relates to the issue of contemplating a career change, while the second asks whether the practicing physician is considering a move from Massachusetts.

TABLE 5: PERCENT OF PHYSICIANS CONTEMPLATING A CAREER CHANGE BECAUSE OF THE PRACTICE ENVIRONMENT IN MASSACHUSETTS

	2005	2004	2003	2002
Yes	25%	25%	28%	23%
No	61%	60%	55%	63%
Not Sure	14%	15%	17%	14%

⁹ American College of Obstetricians and Gynecologists. *The Facts of the Liability Crisis*. Available at www.acog.org/departments/dept_notice.cfm?recno=11&bulletin=2688 (accessed June 2, 2005).

While these survey results show a remarkable consistency over time, they also purvey a message of good and bad news. The good news is that approximately 60% of the physicians responding to the MMS surveys reported that they are not contemplating a career change because of the harsh practice environment. The bad news is that roughly 37 to 45% replied yes, or that they were unsure whether a career change could be in their futures.

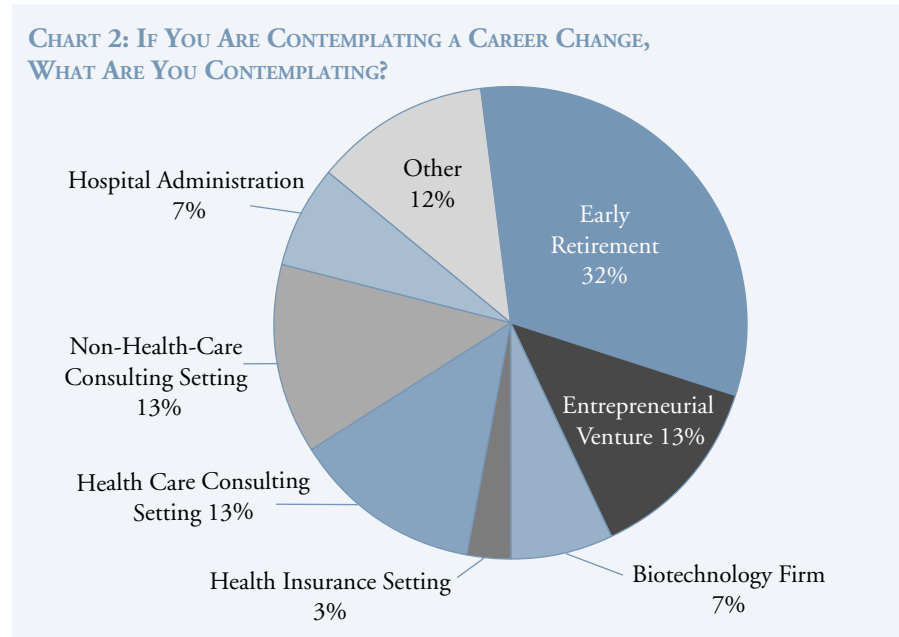


TABLE 6: PERCENT OF PHYSICIANS PLANNING TO MOVE OUT OF MASSACHUSETTS BECAUSE OF THE CURRENT PRACTICE ENVIRONMENT

	2005	2004	2003	2002
Yes	6%	6%	7%	6%
No	76%	72%	68%	76%
Not Sure	18%	22%	25%	18%

There are no important variations in responses across the survey years, but the fact that 6 to 7% have thought through the issue of leaving the Commonwealth is a most telling conclusion. Said slightly differently, the percentage of physicians in each of the cells shown in the table responding “Yes” or “Not Sure” vividly underscores the severity of the problem now confronting physicians and the health care industry in Massachusetts.¹⁰

¹⁰ Ansel, D., Goodman, M., Nakosteen, R.; MassINC, U. Mass. Donahue Institute, Isenberg School of Management, U. Mass. Amherst, MASS. Migration. The physicians are not the only Massachusetts residents leaving or considering leaving the state. According to this project there is a similar response when asking people across the state about migration from Massachusetts.

VI. The Impact of a Difficult Practice Environment on Physician Recruiting and Retention

Within any physician practice or medical facility, one of the most difficult issues for physician and facility administrators is the growing time required to recruit new professional staff. A closely related and equally frustrating issue can be the increased difficulty in retaining professional staff. For obvious reasons, the amount of time required for recruitment and the difficulty in retaining existing staff have a direct impact on the institutes' underlying financial structure. Further, the degree of difficulty in both cases grows out of the steady deterioration in the Massachusetts physician practice environment.

First, the issue of physician recruitment.

- Over the four survey years, consistently more than 70% of the respondents replied that the amount of time required to recruit a physician increased. Among five specialties, the average responses are consistently above the survey means:

- Anesthesiology
- Cardiology
- Gastroenterology
- Neurosurgery
- Radiology

Regarding the issue of physician retention:

- Consistently over the four survey years more than 50% of respondents reported that they find it difficult to retain existing staff.

VII. The Adequacy of the Current Pool of Applicants to Fill Vacant Positions

The study results continue to confirm that there is a much more difficult environment for community hospitals regarding recruiting and retaining physicians when compared to teaching hospitals and physician practices.

TABLE 7: IS THE CURRENT POOL OF APPLICANTS ADEQUATE TO FILL VACANT POSITIONS?

	2005		2004		2003	
	YES	NO	YES	NO	YES	NO
Department Chiefs at Teaching Hospital	48%	52%	45%	55%	45%	55%
Medical Staff Presidents at Community Hospitals	24%	76%	15%	85%	13%	87%
Practicing Physicians	37%	63%	36%	64%	34%	66%

Based on the 2003, 2004, and 2005 surveys, there is a perceived high level of inadequacy in the pool of applicants across all types of medical facilities, but especially among community hospitals. Between 76 and 87% of community hospital respondents say the current pool of applicants is inadequate to fill their vacant positions.

VIII. The Continued Out-Migration of Residents and Fellows

An integral component of the Physician Workforce Study survey is a series of questions concerning the opinions and attitudes of the residents and fellows in their final year of training. Of special interest are their attitudes and perceptions

about the pursuit of their careers in the Commonwealth or in practice locations elsewhere. In the 2005 Physician Workforce Study, specific questions were directed at only the program directors.

One of the root causes of the physician shortage in Massachusetts derives from the unusually large ratio of residents and fellows who leave upon completion of their training. The data shown in Table 8 provide support for this generalization. Slightly less than one-half of the residents and 60% of the fellows pursue the next step in their medical careers outside Massachusetts. While the aggregate ratios show modest variations over time, it should be noted that in the 2003–2004 academic year there were 4,697 residents in Massachusetts-based

TABLE 8: PROGRAM DIRECTORS' RESPONSES: PERCENT OF RESIDENTS AND FELLOWS WHO LEFT MASSACHUSETTS

	PERCENT OF RESIDENTS WHO LEFT MA	PERCENT OF FELLOWS WHO LEFT MA
1998–1999	56%	54%
1999–2000	55%	61%
2000–2001	50%	60%
2001–2002	47%	53%
2002–2003	50%	51%
2003–2004	46%	60%

programs.¹¹ This translated into an annual out-migration of over 2,160 residents. The resident and fellow program director survey showed that program directors believe overwhelmingly that the main reason new physicians stay in Massachusetts is for research opportunities. Given the continued tightness in the Commonwealth's physician labor market, this is a trend that must ultimately be addressed if future patient services are to be met.

IX. Patient Access

Timely access to primary care physicians and specialists is important in preventing long-term illnesses, minimizing chronic illness complications, lowering costs, and improving the overall quality of health.¹² With this in mind, the 2005 Physician Workforce Study has been expanded to include additional data regarding patient access to care. The 2002, 2003, and 2004 MMS Workforce Study surveys were mostly one-dimensional in that most of the questions focused on factors affecting the supply of physicians in the Massachusetts labor market. Given the existing tightness of most physician specialty labor markets, the emphasis on physician supply was justified.

In 2003 and 2004 the MMS Physician Workforce Study was expanded by engaging a Boston-based polling firm, Opinion Dynamics Corporation, to conduct a poll of residents of Massachusetts regarding their opinions on access to health care. In designing the 2005 survey, it was concluded that not only would patient-related questions be added to the MMS survey of practicing physicians, but also a complementary independent study should be conducted to take into account patient demand. To assist the MMS in the overall survey design, the professional staff of Merritt, Hawkins, and Associates, a national physician search firm, was consulted. This new expanded patient access section of the 2005 MMS Physician Workforce Study gives a more comprehensive view of the physician workforce and whether it can meet patient demand.

The annual MMS Physician Workforce surveys were expanded to include a series of five special questions on issues surrounding patient access. Merritt, Hawkins, and Associates also undertook approximately 500

¹¹ American Medical Association. *State-level data for accredited Graduate Medical Education programs in the U.S. 2003–2004*, Chicago, IL, 2004.

¹² Davis, Karen. *Taking a Walk on the Supply Side: 10 Steps to Control Health Care Costs. The Commonwealth Fund: About Us*, April 2005. Available at www.cmwf.org/aboutus (accessed April 11, 2005).

telephone interviews during March and April 2005 from randomly selected Massachusetts-based physician offices. The range of interview questions covered issues such as the amount of lapsed time before a new patient appointment could be arranged, whether the physicians' panel of patients was open or closed, and other related questions. For this initial survey, five specialties, including cardiology, internal medicine, OB/GYN, orthopedic surgery, and gastroenterology were selected.

- Both the MMS 2005 Physician Workforce Study survey of physicians and the Merritt, Hawkins, and Associates survey of Massachusetts physician offices found wait times of approximately three to six weeks for new patient appointments for all five specialties: cardiology, internal medicine, OB/GYN, orthopedic surgery, and gastroenterology.

TABLE 9: AVERAGE NUMBER OF DAYS BEFORE A NEW PATIENT COULD OBTAIN AN APPOINTMENT

SPECIALTY	SURVEY	
	"PATIENT" CALL TO PHYSICIAN OFFICE ¹³	PHYSICIAN RESPONSE TO MMS SURVEY
Cardiology	33 days	22 days
Internal Medicine	47 days	34 days
OB/GYN	32 days	35 days
Orthopedic Surgery	21 days	23 days
Gastroenterology	42 days	39 days

As expected, data from the responses to the 2005 MMS Physician Workforce Study survey of practicing physicians showed that the wait times for patients with established physician patient relationships is significantly less than for new patients. This relationship holds valid across all 14 specialties.

- The average wait for existing patients across all specialties is 15.3 days.
- The average wait for new patients across all specialties is 26.2 days.

¹³ A telephone-based survey was conducted during the months of March and April 2005 by research associates at Merritt, Hawkins, and Associates. The firm called physician offices in 12 Massachusetts counties with the purpose of scheduling a new patient appointment. Physician offices were selected randomly from the American Medical Association physician database. In each call, research associates asked for the first available time for a new patient appointment. Depending on the specialty at issue, they indicated a hypothetical, non-emergent reason for the appointment, as follows: cardiology — heart check-up; internal medicine — physical exam; orthopedic surgery — injury or pain in the knee or back; and obstetrics/gynecology — routine gynecological exam.

For the third year, Opinion Dynamics reported the results from the 2005 public opinion poll of 400 adult Massachusetts residents regarding their experience in accessing the Massachusetts health care system. Interviews were completed during March of 2005.

The poll found that obtaining health care for respondents and their families is becoming more difficult.

- Fifteen percent (15%) of residents now say obtaining health care for themselves and their families is “extremely difficult,” up from 9% in March 2004.
- The importance of health care is increasing among residents as well: in 2005 73% of respondents rank health care access “extremely important” compared to 64% in 2004.¹⁴

The three data sources together (MMS survey of practicing physicians; Merritt, Hawkins & Associates telephone-based survey of physician offices; and the Opinion Dynamics poll) confirm that patients in Massachusetts are having more difficulty obtaining care each year.

X. Snapshot of 2005 Findings — Across Surveys and Opinion Polls

Physician Responses

- Eighty-three percent (83%) of physicians responded that they rate the profession of medicine very rewarding or rewarding.
- Forty-nine percent (49%) of physicians responded that they are dissatisfied with the current practice environment. Almost half (47%) would probably not choose medicine again as their profession.
- Forty-eight percent (48%) of the physicians reported being dissatisfied or very dissatisfied with the number of hours they are able to spend on patient care versus administrative tasks.
- Compared to their colleagues in other states, 66% of the physician respondents rate their income level uncompetitive or very uncompetitive.

¹⁴ Opinion Dynamics Corporation. John Gorman, Chris Anderson, telephone survey of 400 Massachusetts adult residents regarding access to care. April 14, 2005 memo to the MMS.

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- Eighty-six percent (86%) of physicians are maintaining or increasing their work hours, and half of the respondents are dissatisfied or very dissatisfied with the number of hours they work versus their ability to pursue home life.
 - Thirty-nine percent (39%) of physicians are considering changing their profession due to the current practice environment.
 - Almost one-quarter (24%) of physician respondents are planning or considering a move out of Massachusetts if the practice environment does not change.
 - Only 26% of the physician respondents believe the current pool of physicians is adequate to fill vacant positions in their specialties.
 - Sixty-two percent (62%) of physician respondents are having difficulty filling physician vacancies.
 - Seventy-two percent (72%) of physician respondents find that there are shortages of other specialties in their community.
 - Access to care continues to be under strain, with physicians responding that the average number of days to obtain an office visit ranges from 26.2 days for a new patient to 15.3 days for an existing patient.
 - Additionally, almost two-thirds (64%) of physician respondents indicated that their patients are having difficulty receiving a timely specialty care consultation.
 - Data obtained from the MMS survey of physicians show that patients may have the most difficulty accessing care through a family physician or an internist, which limits their access to preventive care and referrals for specialty care, potentially contributing to the increase in patients going to the emergency department for treatment of non-emergent conditions.

Teaching and Community Hospital Responses

- Sixty percent (60%) of teaching hospitals and 87% of community hospitals are currently experiencing difficulty filling physician vacancies.

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- Fifty-four percent (54%) of teaching hospital respondents indicated that retention in labor markets has changed, and 97% of those said it had become more difficult. Seventy-two percent (72%) of community hospitals indicated that retention in labor markets has changed, and 94% said it had become more difficult.
 - Thirty-six percent (36%) of teaching hospitals, 52% of community hospitals, and 27% of practicing physicians responded that physician supply problems have made it necessary to alter the services they provide.

Telephone-Based Surveys and Public Opinion Poll

- Fifteen percent (15%) of Massachusetts residents say obtaining health care for themselves and their families is “extremely difficult,” up from 9% in March 2004 and 7% in 2003.
- Among those who have difficulty with access to health care, cost is the most commonly cited reason (28%), followed by issues related to the inability to find a doctor or get an appointment (22%).
- Related to waiting for an appointment, the Opinion Dynamics poll highlighted the fact that patients who waited to see gastroenterologists and orthopedic surgeons were more likely to experience problems than patients waiting to see a cardiologist, OB/GYN, internist, or radiologist.
- Both the Merritt, Hawkins, and Associates survey of Massachusetts physician offices and the MMS 2005 Workforce Study survey of physicians found wait times of approximately three to six weeks for new patient appointments for all five specialties: cardiology, internal medicine, OB/GYN, orthopedic surgery, and gastroenterology.

XI. Conclusions and Policy Considerations

Demonstrated by four consecutive years of data from both primary and secondary research, we can once again conclude that **physician labor markets in Massachusetts continue to be under extreme stress and will need significant system reform and collaboration from stakeholders to avert a health care crisis.**

Physicians are being placed under increasing amounts of pressure, both in financial terms (e.g., the cost of running a practice, low reimbursements, high professional liability rates) and in the balancing of work versus home life (e.g., increased work hours and administrative hassles). In examining these results from year to year, we find slight changes, some positive and some negative, but overall the perceptions of the practicing physicians, hospital department chiefs, and residency and fellow program directors have not changed over the four-year period of the studies.

Physicians in Massachusetts are sending a message: based upon the existing difficult environment in which they practice medicine, many physicians will be leaving Massachusetts and/or retiring from practice at a troubling pace to pursue other careers. With fewer physicians, access to care will undoubtedly suffer. It is our hope that by drawing attention to the crisis in the physician workforce, the potential for delays in access to necessary health care for the citizens of Massachusetts may be reduced, or ideally, eliminated all together. Some areas for consideration may include the following:

- **Sustaining the Viability of Physician Practices.** Practicing physicians have been asked to do more with flat or minimally increasing resources and substantively rising overhead costs. They are a cornerstone of our health care system, so Massachusetts must make the state a more hospitable place in which to operate a physician practice.
- **Administrative Simplification.** The administrative hassles of practicing medicine are a key source of dissatisfaction among physicians in Massachusetts. Various stakeholders in the health care system are already studying opportunities for administrative simplification and the introduction of information technology to improve efficiencies and quality of care. In order to make health

care more effective and patient-centered, we must work with others to implement fully interoperable electronic health records.

- **Medical Liability Reform.** Both medical liability rates and the fear of being sued have caused many physicians to modify their practices. The loss of access to those physicians is very concerning. Medical liability reform is a top-tier item on state and national legislative agendas.
- **Housing and Business Incentives for Physicians.** As clearly stated in the results from the Survey of Residency and Fellowship Program Directors, the high housing costs in Massachusetts are very unfavorable when comparing Massachusetts to other states. In addition, the cost of setting up a medical practice in Massachusetts is also prohibitive for young physicians who leave medical school with enormous debt. Public policy efforts to remedy these shortcomings could have a major impact on Massachusetts' ability to attract and retain young physicians.





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