

2016 | ANNUAL PHYSICIAN  
PRACTICE SURVEY

## EXECUTIVE SUMMARY

In 2016, Montgomery County Medical Society initiated its second annual physician survey of physicians practicing in Montgomery County, Maryland. To our knowledge, this survey is the only one of its kind focused entirely on this medical community. Begun in 2015, the Society set out to learn more about the physician community it serves.

There are two goals of this yearly undertaking: 1) to assess professional and personal demographic, practice and personal trends within the medical community, and 2) to identify advocacy, education, practice development, and resource development needs of those physicians which the Society may be able to address.

From year to year, the Society will maintain baseline questions to identify and monitor changes in practice patterns, technology use, and payor participation, while also including questions which evaluate the impact of various trends on physicians in our community.

Physicians working and living in Montgomery County face a unique set of challenges and work in diverse practice settings. Large health systems, governmental agencies, and hospitals all operate among small, independent private practices. The transition towards value based payment and a variety of employment opportunities combined with an increasing regulatory environment place stresses, both operational and financial, on physicians in the area. The survey seeks to better clarify what the greatest pressure points are in the community, and to gain a more accurate understanding, in general, about how physicians practice in Montgomery County.

In 2016, an enhanced effort was made to broaden distribution of the survey to more physicians in the area. In both 2015 & 2016, the survey was distributed to Montgomery County Medical Society's physician members and those who are not members currently for whom contact information was readily available. Admittedly, physicians in hospital-based practices or other alternative practice modes are underrepresented in the survey results.

Total unique physicians surveyed equaled 2,264 with 340 physicians responding which is equivalent to a rate of 15.02%. Of particular note, the use of skip logic in the 2016 survey design affected the survey results, and should be taken into consideration when comparing 2015 & 2016 results.

## PRACTICE ENVIRONMENT

As in 2015, the 2016 survey inquired as to physicians' current practice situation and whether the physician practice was aligned or affiliated with a health system, corporation, or other health care organization. In 2016, there was a decline of 7% of physicians who reported they are in private practice (63%) from 2015 (70%). Fewer physicians reported being aligned in 2016 (24%) compared to 2015 (30%). When asked the nature of the alignment, the greatest percentage change indicated their exclusive participation in a health network (28% in 2015 compared to 40% in 2016). Physicians noted their primary reasons for joining the network were the resources and financial incentives offered by the network.

It is interesting to note that 53% of those responding indicated they do not anticipate any change in their practice situation in the next 2-3 years as compared to 70% in 2015. Those anticipating change noted their intent to retire, join an IPA or health system alignment, enhance their own practice, or join an independent group practice.

The transition from fee-for-service payment to value-based care payment strategies has caused considerable uncertainty about physicians' income security. Physicians were asked if they anticipated an increase or decrease in their income in the next two years. Twenty-eight percent of respondents indicated they expect an increase; 28% noting they expect a decrease, and 44% of respondents indicating they are unsure of the impact of these changes on their future income.

## USE OF TECHNOLOGY

A significant number of physician survey respondents have yet to adopt electronic medical records in our medical community. In 2016, 25% of survey participants indicated they are not using EMR in their practices (77). In 2015, 22% or 61 were not using EMR.

Many EMR solutions are being used with EClinicalWorks being the most frequently used according to MCMS's 2016 survey.

More physicians indicated they are utilizing CRISP (Maryland's HIE – the Chesapeake Regional Information System for our Patients). Between 2015 and 2016, there was a 7% increase in affirmative responses to their use of CRISP in their practices. As more patient information is readily accessible in CRISP and with the new regulations associated with the use of the Prescription Drug Monitoring Program, this response should rise dramatically. Most physician respondents using CRISP are using it to query patient discharge summaries, medication history, and ER visits.

## ACCESSIBILITY, INSURANCE, AND BILLING/CODING

The vast majority of physician respondents indicated they continue to accept new patients (2016: 86%; 2015: 91%). Similarly, more than 80% of respondents in 2016 continue to participate in third-party payor contracts.

When physicians were asked with which third-party payors they participate, as expected, percentages of participation were constant between 2015 & 2016 with Medicare having the greatest participation (77%), and CareFirst a close second with 76%. (Note, in 2016, skip logic was used. The percentages remained constant even though the number of respondents decreased).

In 2015, MCMS's Survey Committee asked physicians in general about their Medicare billing practices for the new codes for chronic care management and transitional care. In 2016, the survey was more specific inquiring about billing each of the new codes. More than 60% of respondents are still not taking advantage of billing for the new codes even though the services may already be provided. Clearly greater education needs to occur to help physicians provide

greater continuity for their patients, reduce hospital admissions, and enhance their payments from Medicare.

Physicians were also asked in 2016 how much time the physician and/or staff spend per day on obtaining pre-authorizations. While the State of Maryland has implemented strategies to diminish the time required to obtain pre-authorizations, 35% of respondents (81) still report spending 1-2 hours each day. 13% of physician respondents indicate they are spending 3+ hours daily.

MCMS also inquired about physicians' movement to concierge medicine which appears to be a national trend albeit more popular in certain areas of the country. In the 2014 Physicians Foundation study, over 7% of those surveyed said they now practice some form of concierge/direct pay practice. An additional 13.2% said they plan to transition to concierge medicine in whole or in part. In MCMS's 2016 survey, only 5% of respondents (14) indicated they now have a concierge medicine practice.

MCMS's survey also asked physicians about their participation in a care management program, like CareFirst's Patient Centered Medical Home program. Twenty-five percent of the respondents in 2016 participate in such a program, but the majority do not. Being familiar with the strategies used in a care management program will enable physicians to understand and embrace the larger scale transition to value-based care which is occurring now.

#### PROFESSIONAL SATISFACTION & PROGRAM PARTICIPATION

With the increasing interest in and awareness of the impact of physician burnout on patient care and workforce issues, MCMS's Survey Committee chose to add questions about physicians overall professional satisfaction and professional burnout. Professional burnout was defined as experiencing one or more of these three symptoms: depersonalization, emotional exhaustion, and/or reduced sense of accomplishment.

Almost 92% of Montgomery County physician respondents indicate they have a moderate to high level of professional satisfaction. More than half of physician respondents also indicated they are experiencing a moderate to high level of professional burnout (53.68%) in the 2016 survey. This correlates to the findings of a recent survey by Mayo and the American Medical Association which reported that 54% of physicians meet the burnout criteria.

In 2015 and 2016, MCMS asked physicians whether they would consider utilizing a confidential complimentary physician wellbeing and counseling program. In 2016, 73 physicians indicated their interest in utilizing such a program.

MCMS also inquired about additional resources and services physicians need to help them address the challenges of a constantly changing health care environment. Physicians indicated their interest in education regarding transforming from fee for service to value-based care, and greater awareness and education regarding CRISP services. Also cited as an important is the facilitation of communication between hospital-based physicians and primary care physicians and/or specialists. This communication is increasingly important as the focus is on reducing readmissions and enhancing continuity of patient care.

---

## CONCLUSION

There continues to be considerable volatility and change in the Montgomery County medical community. However, the results of the 2016 MCMS survey suggest that more physicians in Montgomery County are still in private practice, are slower to align with health systems or consolidate than in other metropolitan areas throughout the country, are reticent to adopt EMR and/or to take advantage of the new Medicare codes. They continue to be inundated with regulatory and legislative demands leading to 54% of physicians experiencing burnout which is on pace with the rest of the country. There is also considerable uncertainty about the future.

MCMS, together with MedChi, are dedicated to assisting all physicians navigate these changes, reduce regulatory burdens, increase payments from 3rd parties, and address the issue of burnout directly. What will the 2017 survey results tell us about physicians in this medical community? Stay tuned.