

# 2004 Oregon Physician Workforce Survey

Analysis of the Primary Care and  
Medical & Surgical Specialties

Presentation to OHREC January 2005

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**Aim: To field one comprehensive survey to the physician community**

- Collaborative Effort
  - Oregon Medical Association (OMA)
  - Oregon Medical Assistance Program (OMAP)
  - Office for Oregon Health Policy and Research (OHPR)
  - Oregon Medical Peer Review Organization (OMPRO)

# What were the goals of the survey?

- Assess potential changes in the physician workforce and the implications for access to healthcare in Oregon
- Identify barriers to physician participation in the Oregon Health Plan (OHP)

# What do we already know about Oregon's Healthcare Workforce?

- Previous OMA Physician Workforce Survey in 2003
- US Dept. of Health & Human Services/HRSA nationwide surveys of all healthcare providers - latest full reports are 2000 data
- Oregon Health Workforce Project: surveys in 2000 and 2002 (done via OHSU/AHEC)
- Non-physician workforce in Oregon hospitals - data collected by OHPR

# Conducting the Survey

- Sent to all physicians in OMA database = 10,354 (database updated quarterly with Board of Med Examiners revisions)
- Two waves: Aug and Sept, accepted until October 8<sup>th</sup>, 2004
- Response Rate: 23.9%
- 2,522 completed responses were analyzed for the full report
- Age, gender and regional distribution of respondents meets expectations

# This Preliminary Analysis

- Full report of survey due from OMPRO in next few weeks
- Today, this is a look at a subset of 1,843 physicians:
  - Includes just primary care & medical and surgical specialists
  - Excludes hospital-based specialties: (i.e radiologists, anesthesiologists, ER docs)
  - Excludes those not in direct patient care

# Major Questions Covered by the Survey

- Demographics
- Primary care and specialty care available
- Career satisfaction
- Anticipation of changes in physician's practices
- Acceptance and perceptions of various types of payers
- Issues regarding OHP

# Demographics\*

- Gender: 72% male
- Age:
  - <40 yrs 21%
  - 40-49 yrs 29%
  - 50-59 yrs 33%
  - 60-69 yrs 14%
  - 70+ yrs 3%
- Geography: 71% urban
- Specialty
  - Primary Care 58%
  - Med/Surgical Specialist 42%
- Size of Practice
  - Solo 25%
  - Small 24%
  - Medium 21%
  - Large 30%

\*Subset analysis

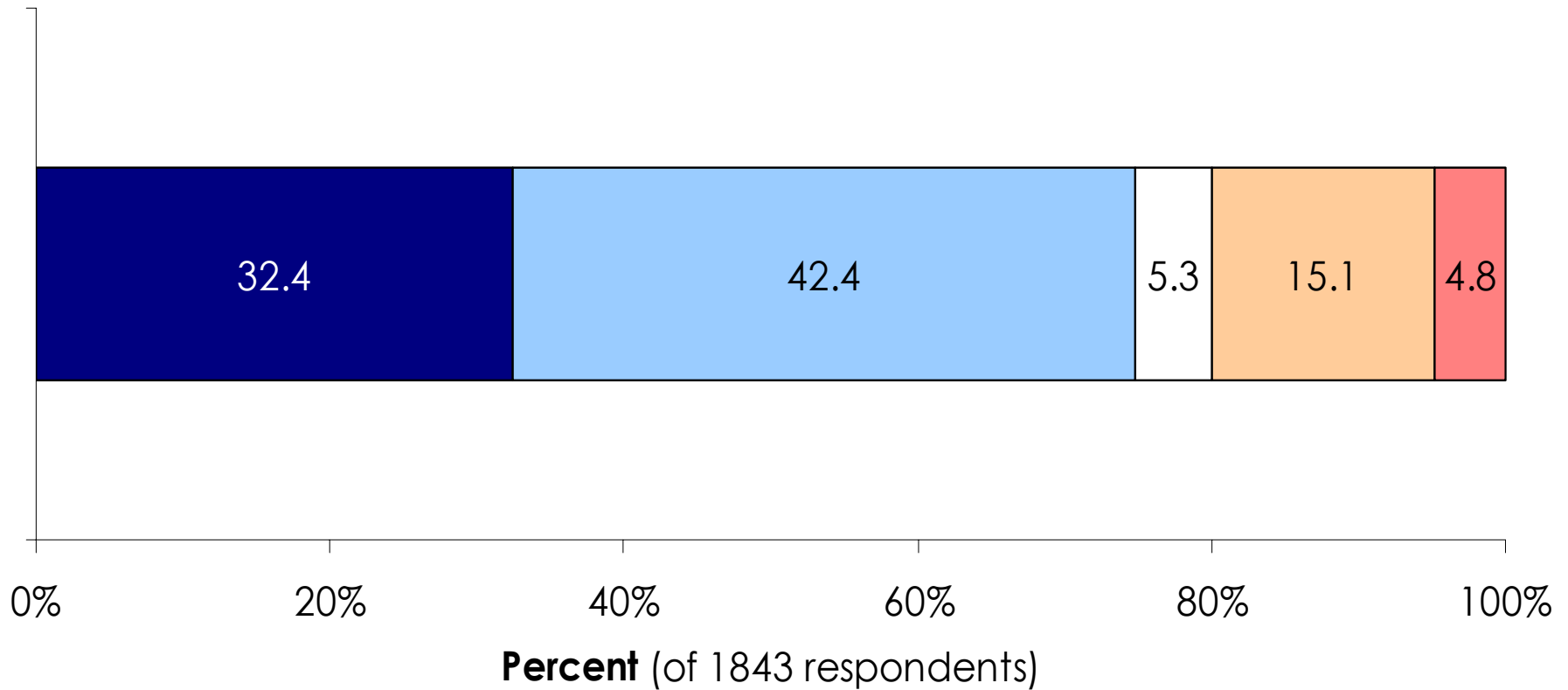


The slide features a large, light-colored outline of the state of Oregon, which serves as a background for the main text. The outline is positioned on the left side of the slide, with the rest of the slide being white.

# Physician Satisfaction

## Satisfaction with Medical Career in the Past 12 Months

■ Very Satisfied ■ Somewhat Satisfied ■ Neither ■ Somewhat Dissatisfied ■ Very Dissatisfied



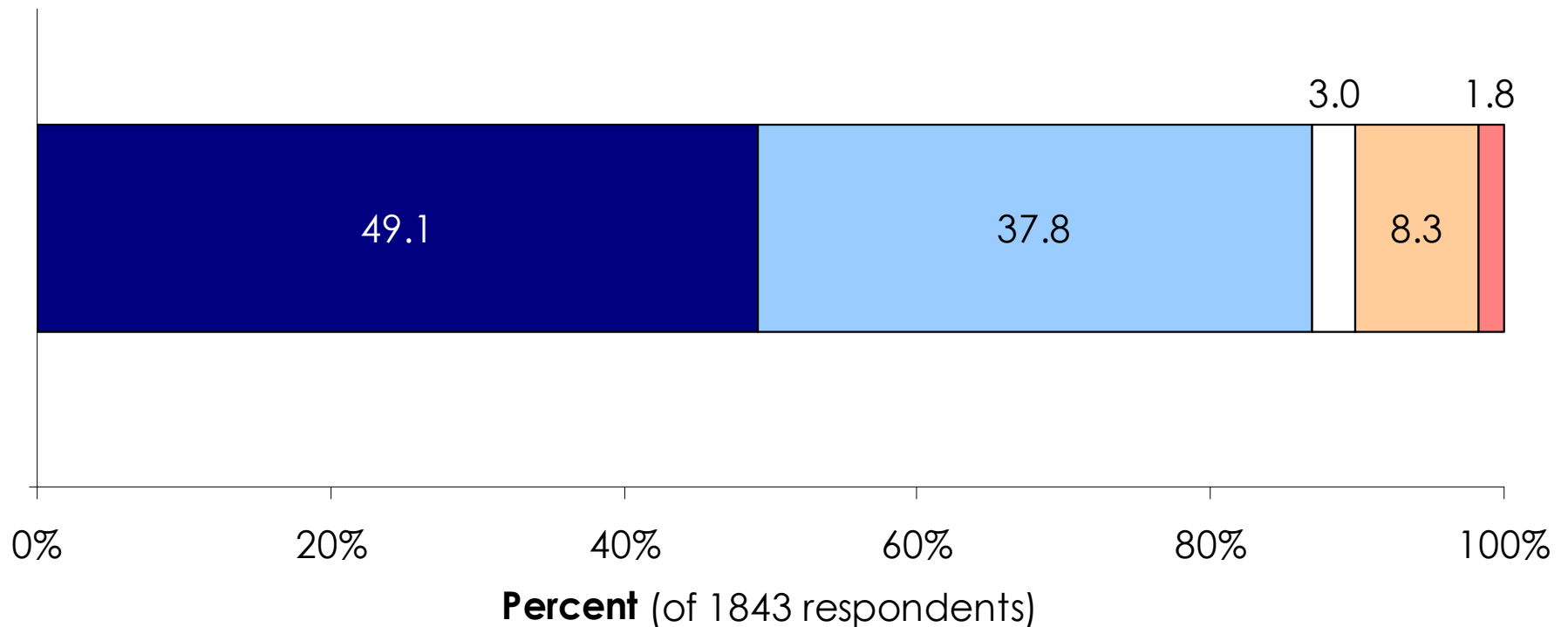
- Primary care and med/surg.specialists are similar
- Older providers are more likely to be “very satisfied”
- Urban providers are more satisfied than rural providers

Subset analysis

# Overall career satisfaction higher than satisfaction in past 12 months

## Satisfaction with Medical Career Overall

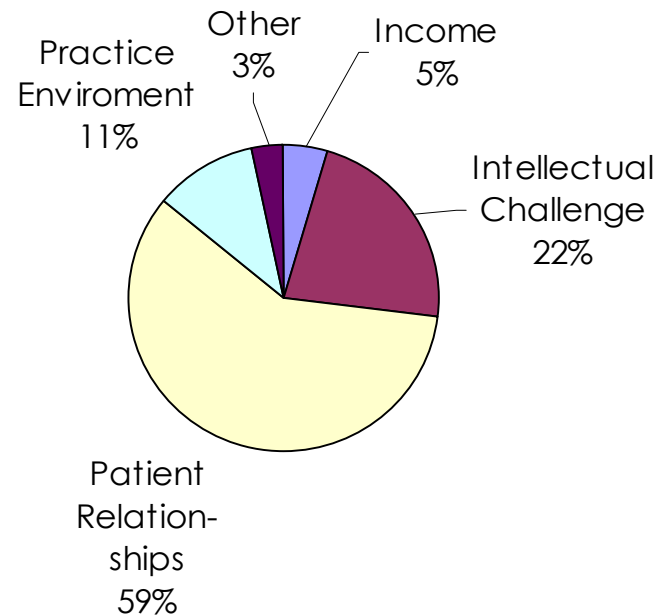
■ Very Satisfied   ■ Somewhat Satisfied   □ Neither   ■ Somewhat Dissatisfied   ■ Very Dissatisfied



# Greatest Source of Professional Satisfaction

- Patient relationships was statistically significant as the greatest source of satisfaction while income was least common.
- Older providers more likely to cite intellectual challenge and patient relationships

**Greatest Source of Professional Satisfaction**  
(% of 1843 respondents)

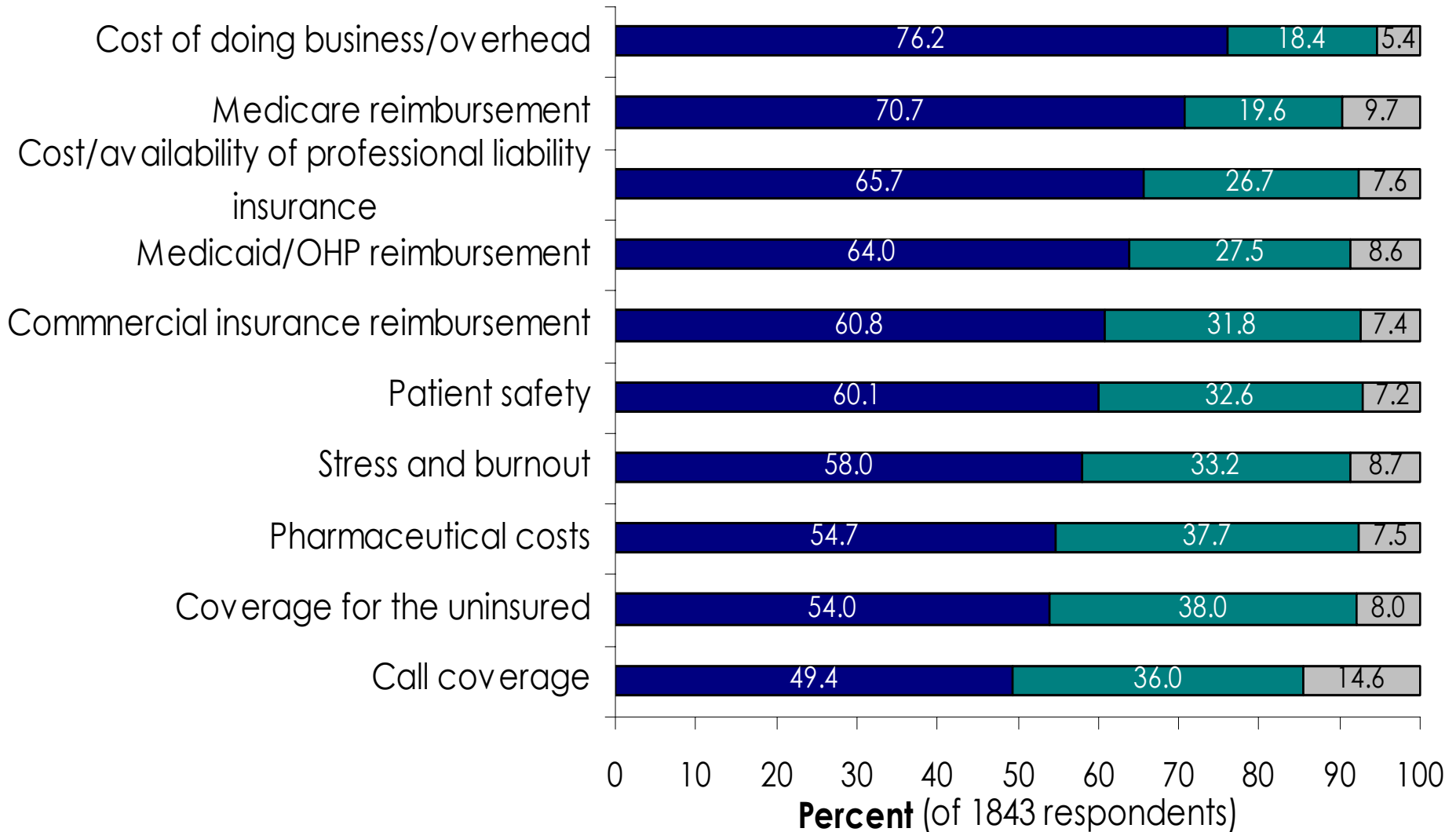




# Most Important Factors for Physician Satisfaction

# Top 10 Important Issues (ranked by % very important)

■ Very Important ■ Somewhat Important ■ Not Important



Subset analysis

# Top 10 Issues (Ranks by % rated Very Important)

	Primary Care	Specialists
Cost of doing business/overhead	1	1
Medicare reimbursement	3	2
Cost/availability of professional liability insurance	5	3
Medicaid/OHP reimbursement	2	5
Commercial insurance reimbursement	8	4
Patient safety	6	6
Stress and burnout	7	7
Pharmaceutical costs	4	--
Coverage for the uninsured	9	8
Call coverage	10	10
Health plan timeliness of payment	--	9

Subset analysis

# Top 10 Important Issues: Rural vs. Urban Physicians

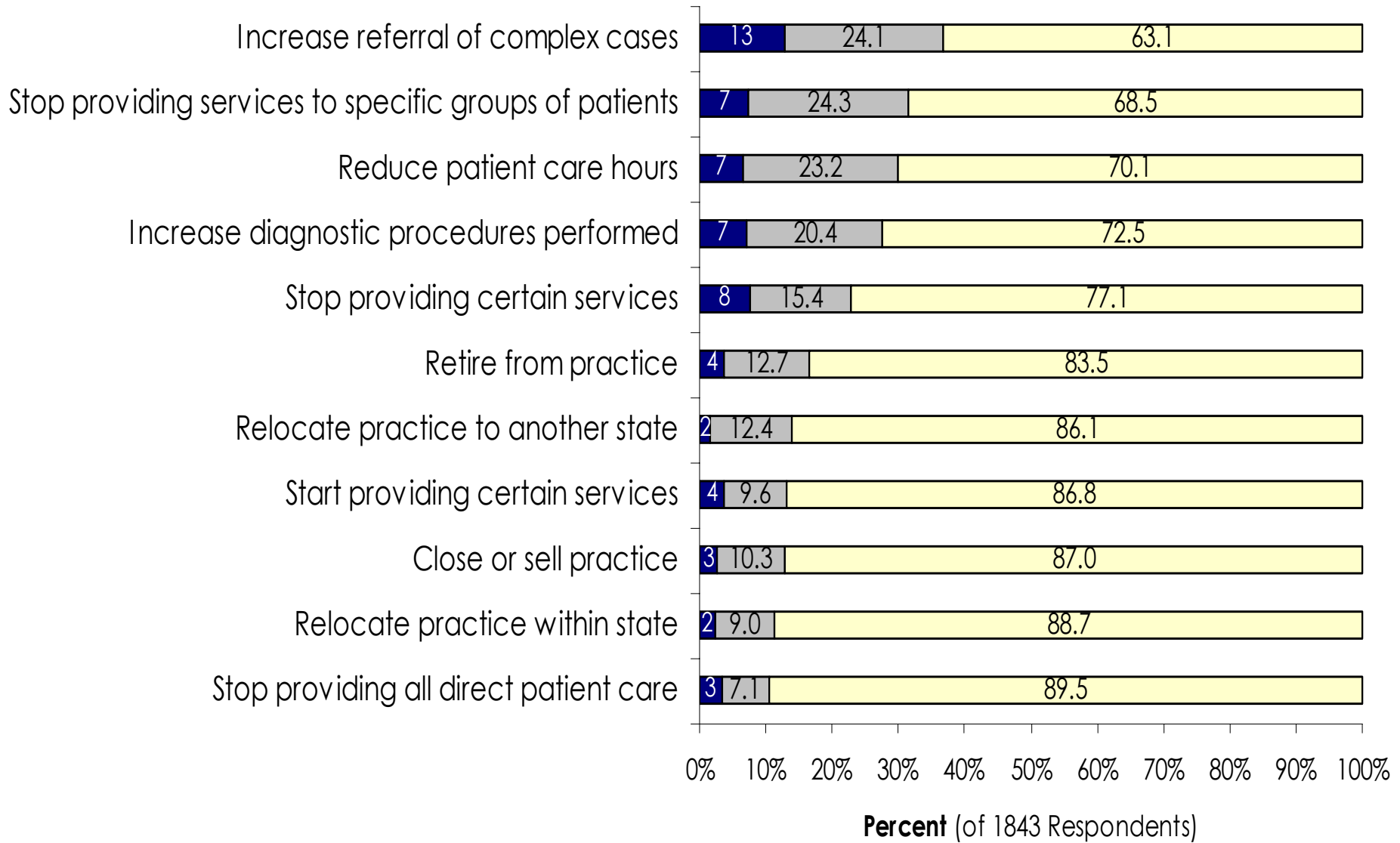
## Top 10 Issues (Ranks by % rated Very Important)

	Rural	Urban
Cost of doing business/overhead	1	1
Medicare reimbursement	2	2
Cost/availability of professional liability insurance	4	3
Medicaid/OHP reimbursement	3	5
Commercial insurance reimbursement	5	6
Patient safety	6	4
Stress and burnout	8	7
Pharmaceutical costs	7	9
Coverage for the uninsured	--	8
Call coverage	10	10
Government regulation and oversight	9	--



## Anticipated Changes in the Next Two Years - Combined

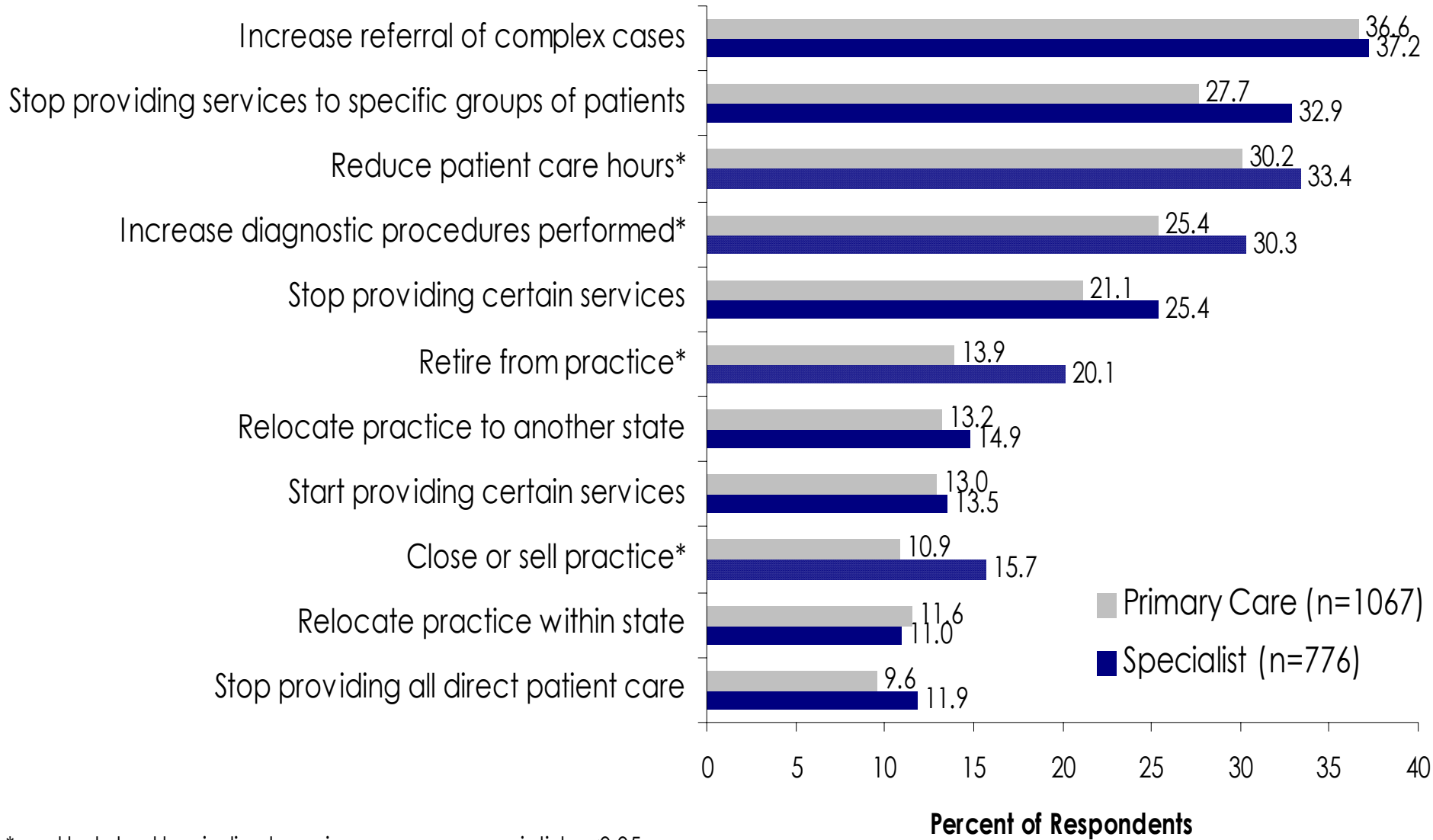
■ Definitely    
 ■ Might Do    
 ■ Not Anticipated



Subset analysis

# Anticipated Changes in Next Two Years - Primary Care vs Specialists

(definitely or might do)



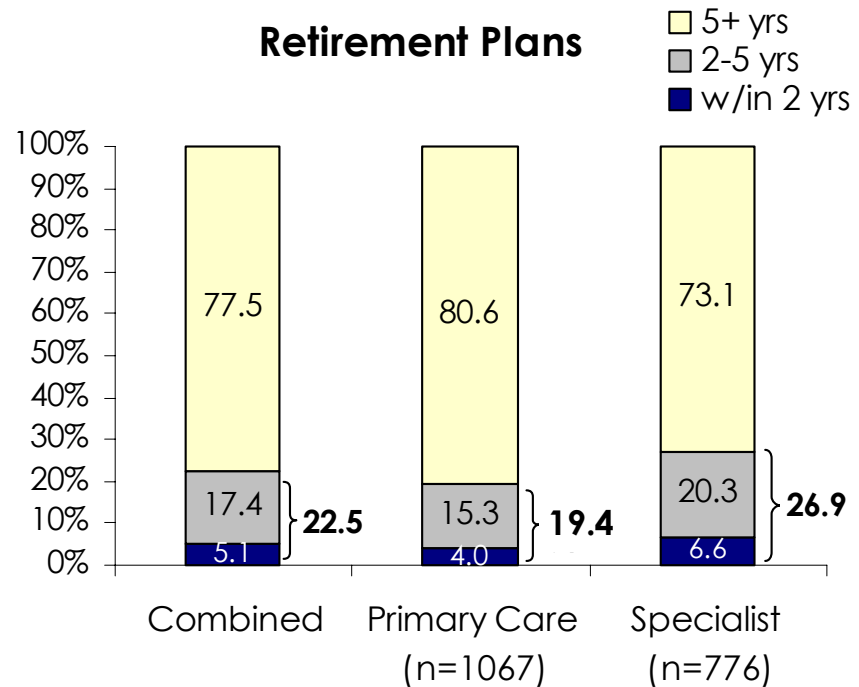
\* and hatched bar indicates primary care vs specialist p<0.05

Percent of Respondents

Subset analysis

# Retirement

- Influx of providers is not keeping pace with retirement
- This growing gap is combined with an increase in population and an increase in acuity of presenting diseases



Subset analysis

# Maternity Care

## Plans to Stop Delivering Babies

Of respondents who currently deliver babies:

- 6% plan to stop delivering all babies in the next year
- An additional 4% plan to specifically exclude deliveries for Medicaid women

# Maternity Care

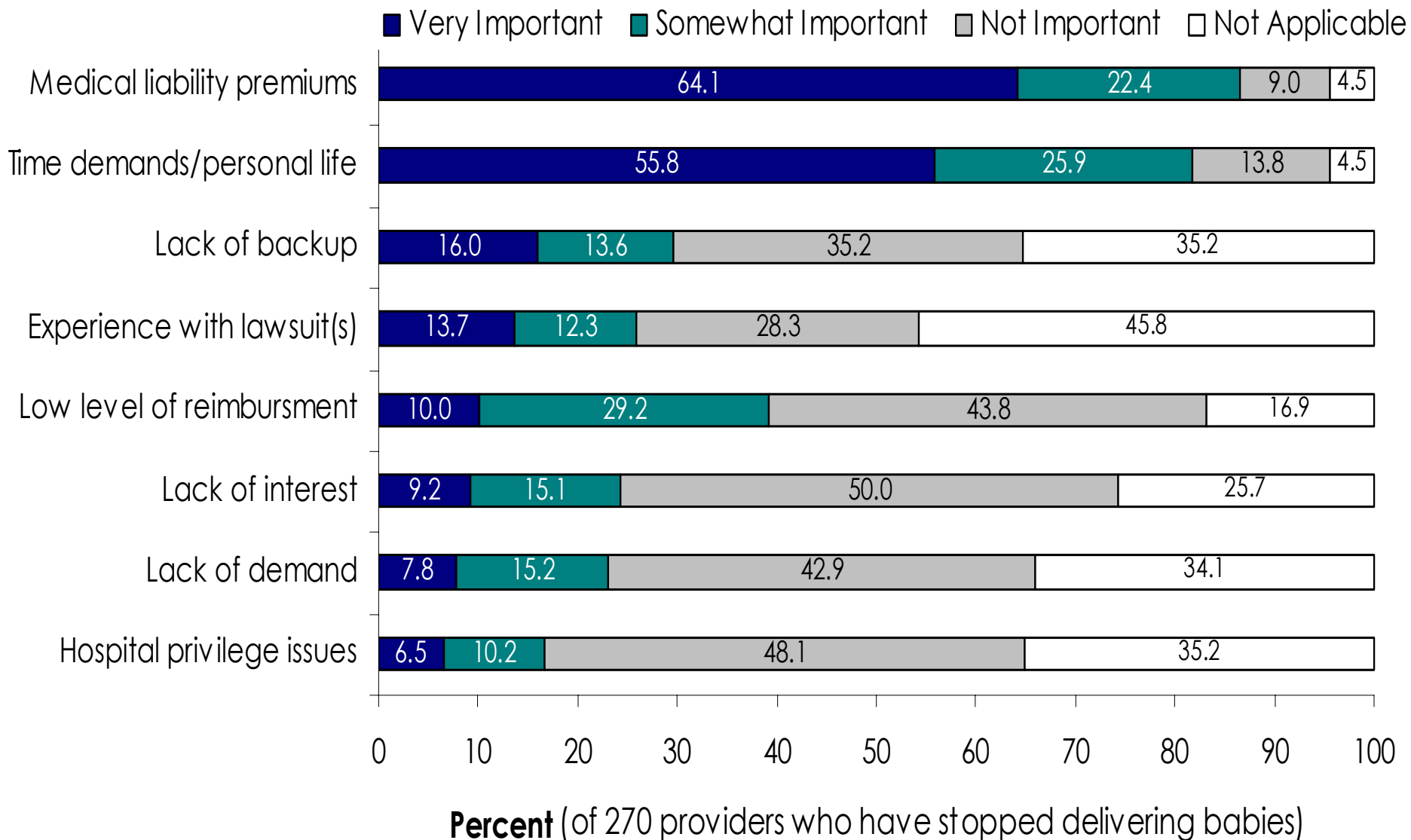
## Time Since Providers Stopped Delivering

Of 300 respondents who DO NOT currently deliver babies:

- 10.2% stopped delivering within the past year
- 19.1% stopped delivering 1-2 years ago
- 70.6% stopped delivering over 2 years ago

Subset analysis

# Maternity Care - Importance of Factors in Decision to Stop Delivering Babies



Subset analysis



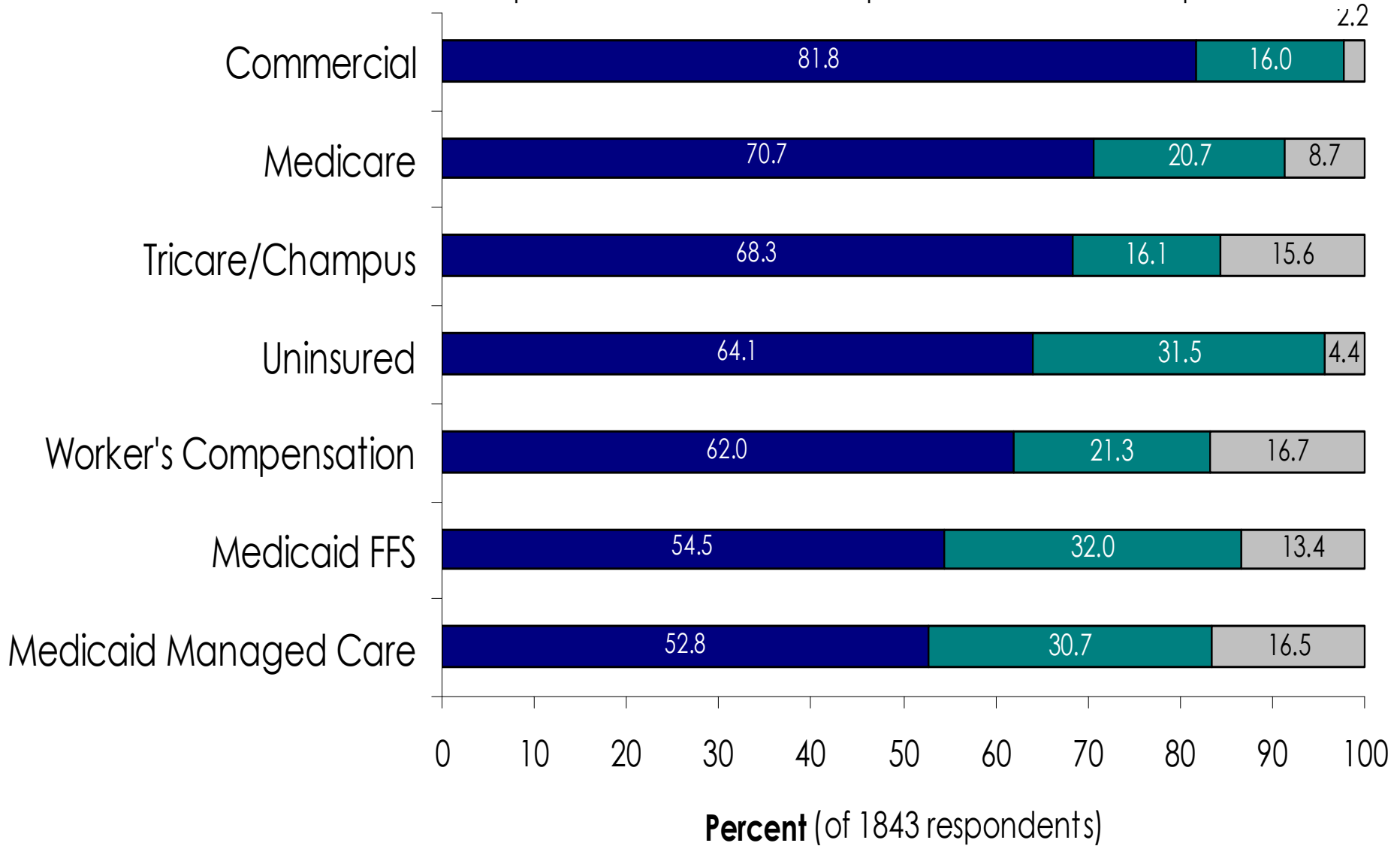
# Acceptance of Payers

### Acceptance of Payer Types - Combined

■ Accept All

■ Limit Acceptance

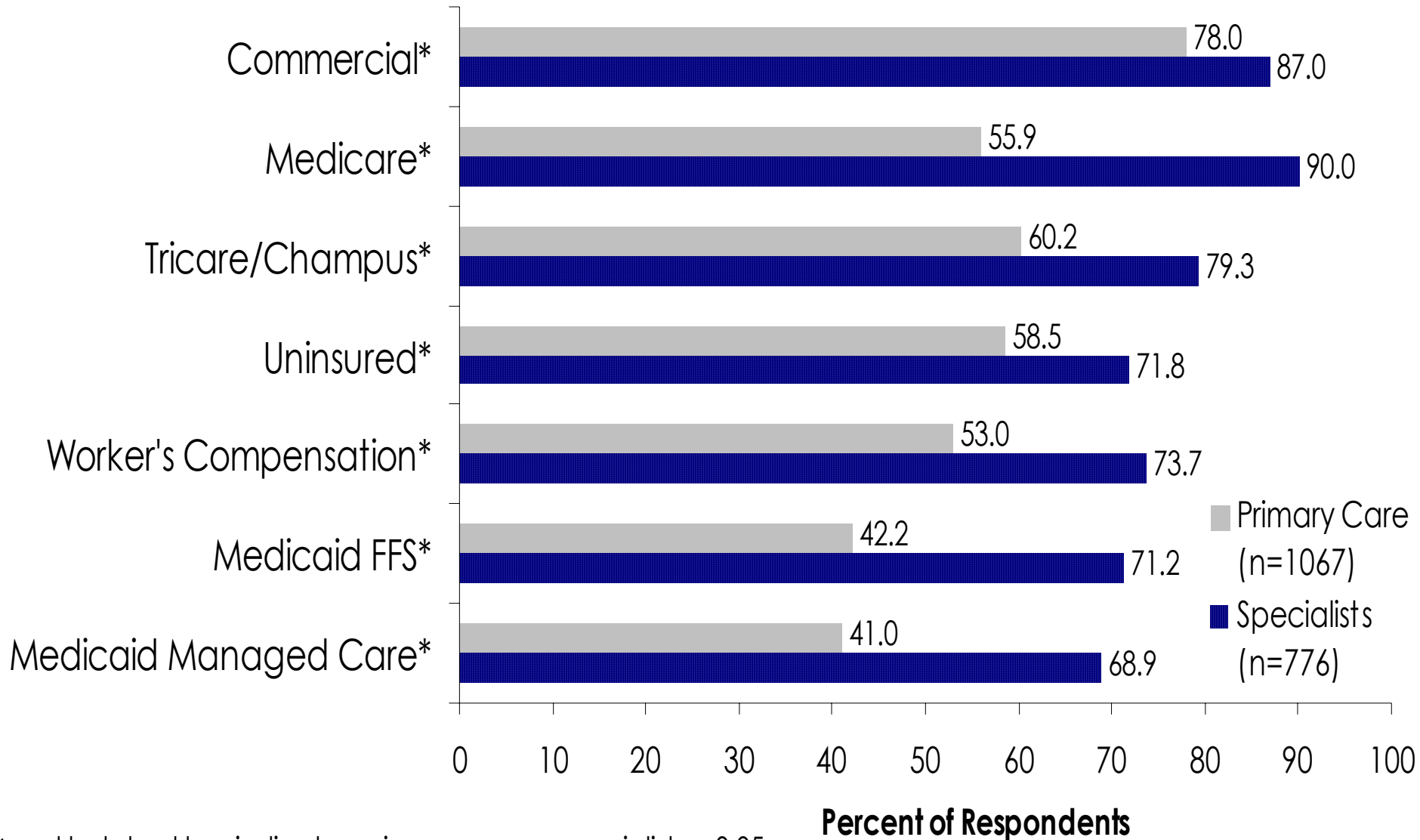
■ Accept None



Subset analysis



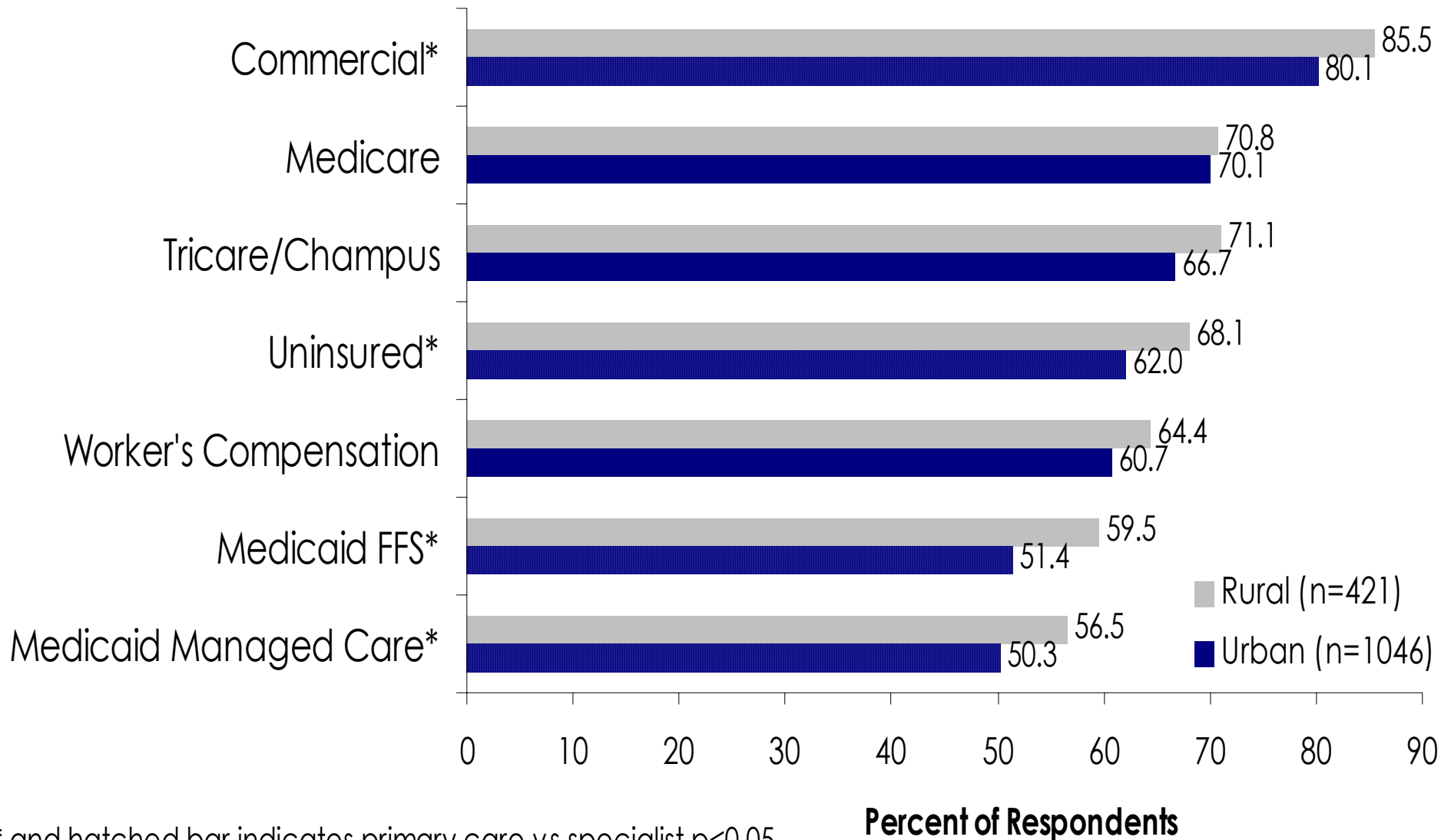
# Acceptance of all Patients with Payer Types - Primary Care vs Specialists



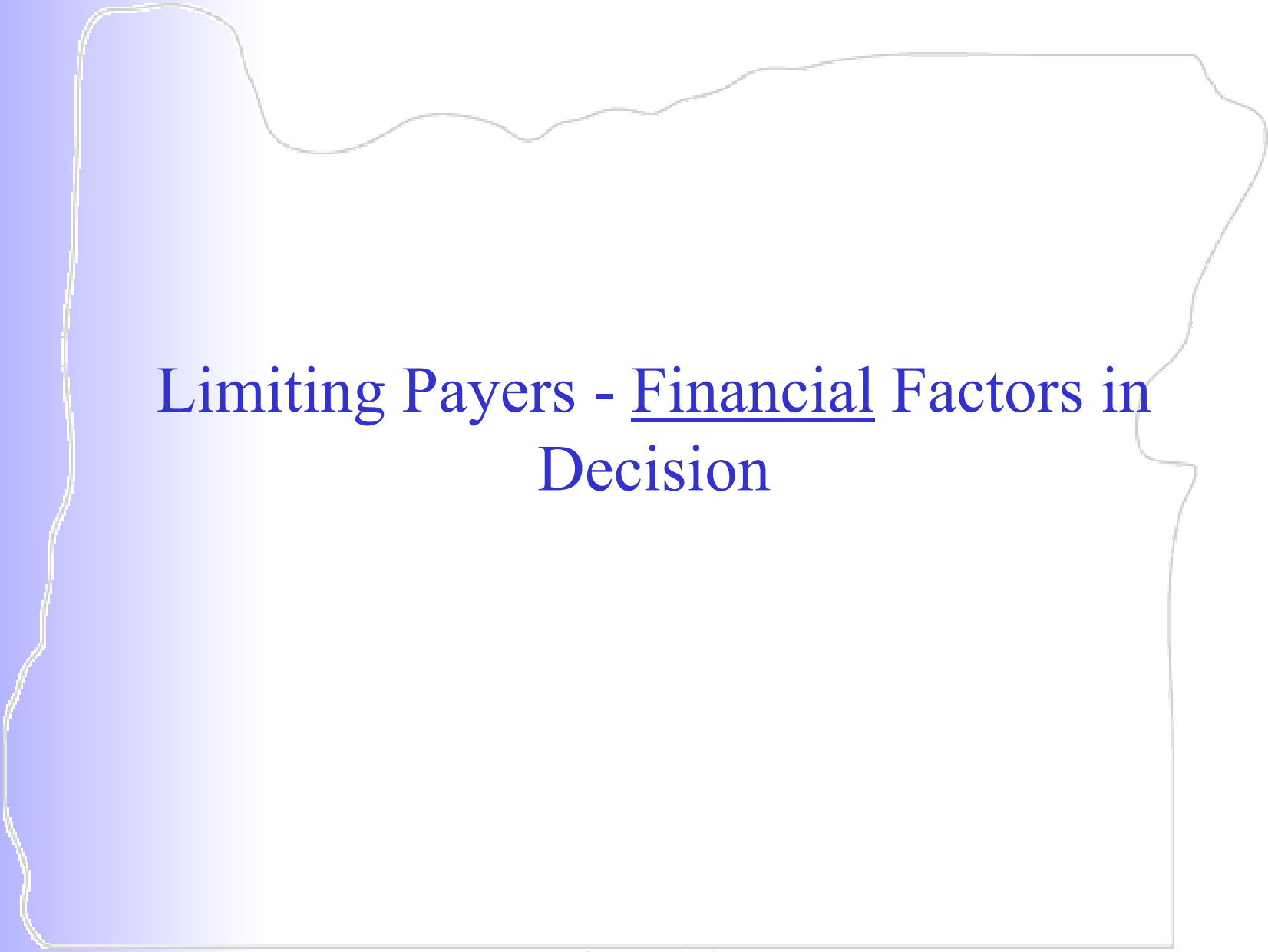
\* and hatched bar indicates primary care vs specialist p<0.05

Subset analysis

## Acceptance of all Patients with Payer Types - Rural vs Urban

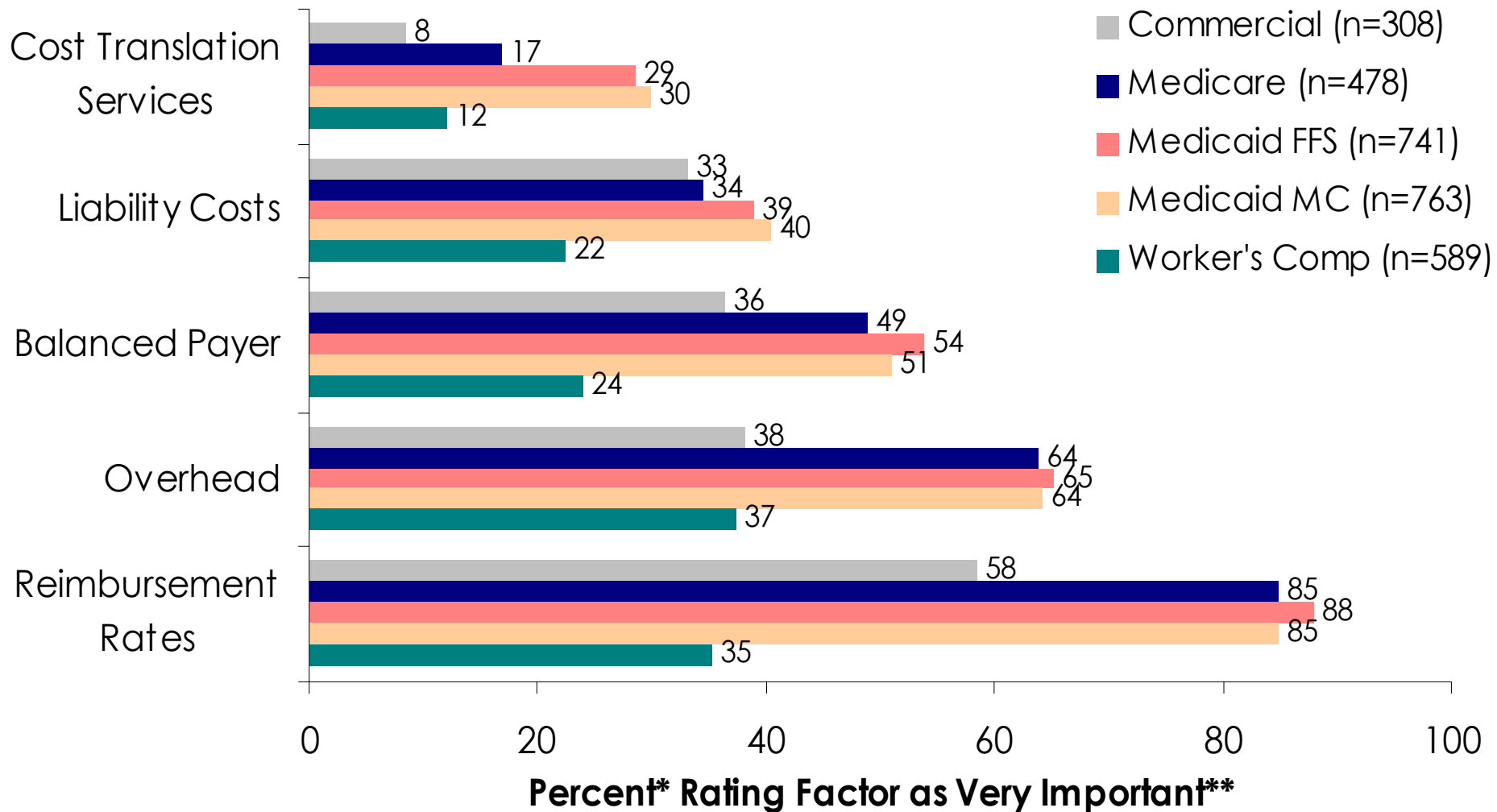


Subset analysis



# Limiting Payers - Financial Factors in Decision

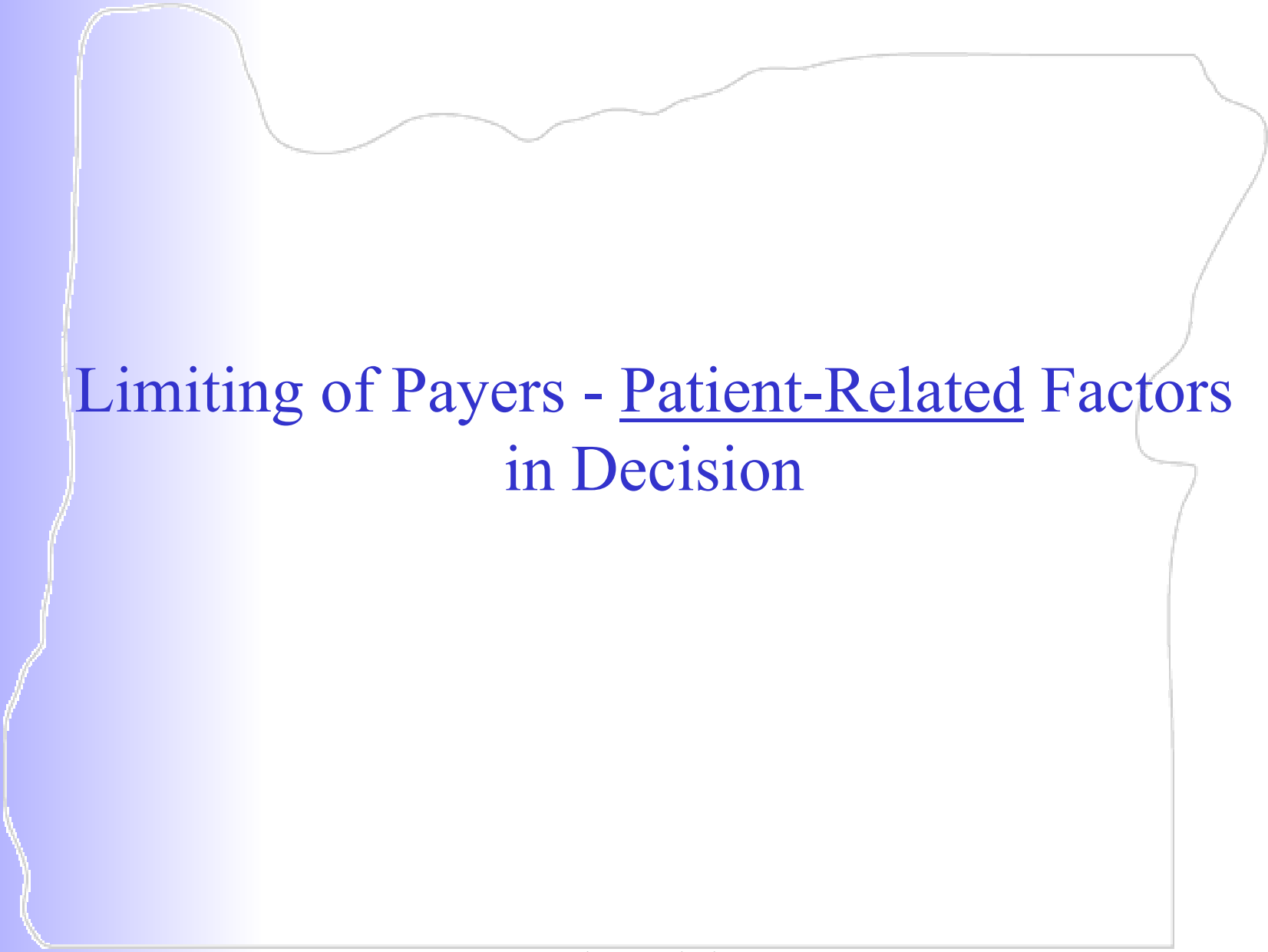
# Factors in Decision to Limit Payers - Administrative Factors



\*Percent of respondents who limit the associated payer and provided an importance rating

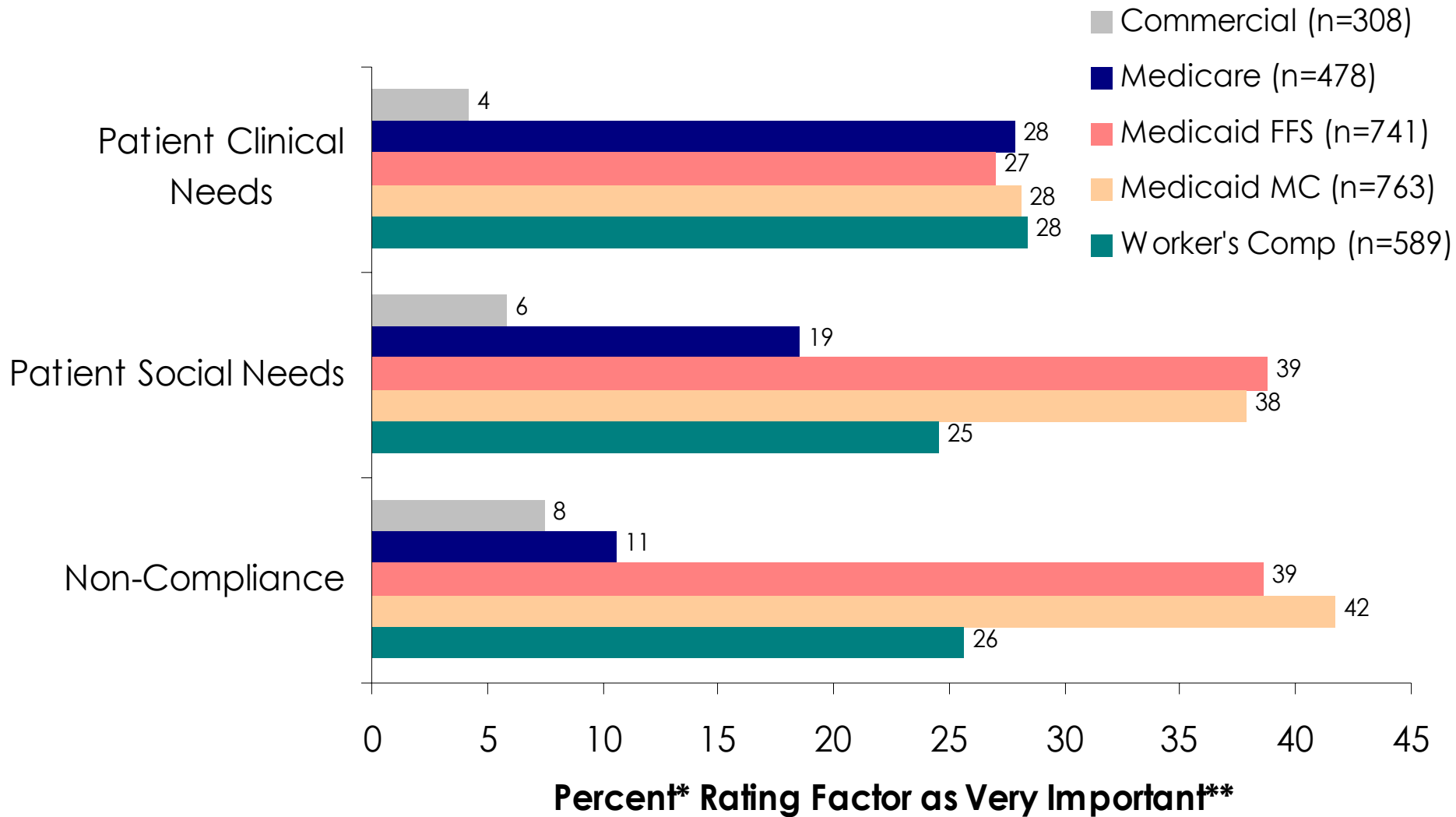
\*\*Issues rated on a scale of 1 to 3 ("not important" to "very important")

Subset analysis

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# Limiting of Payers - Patient-Related Factors in Decision

# Factors in Decision to Limit Payers - Patient Factors



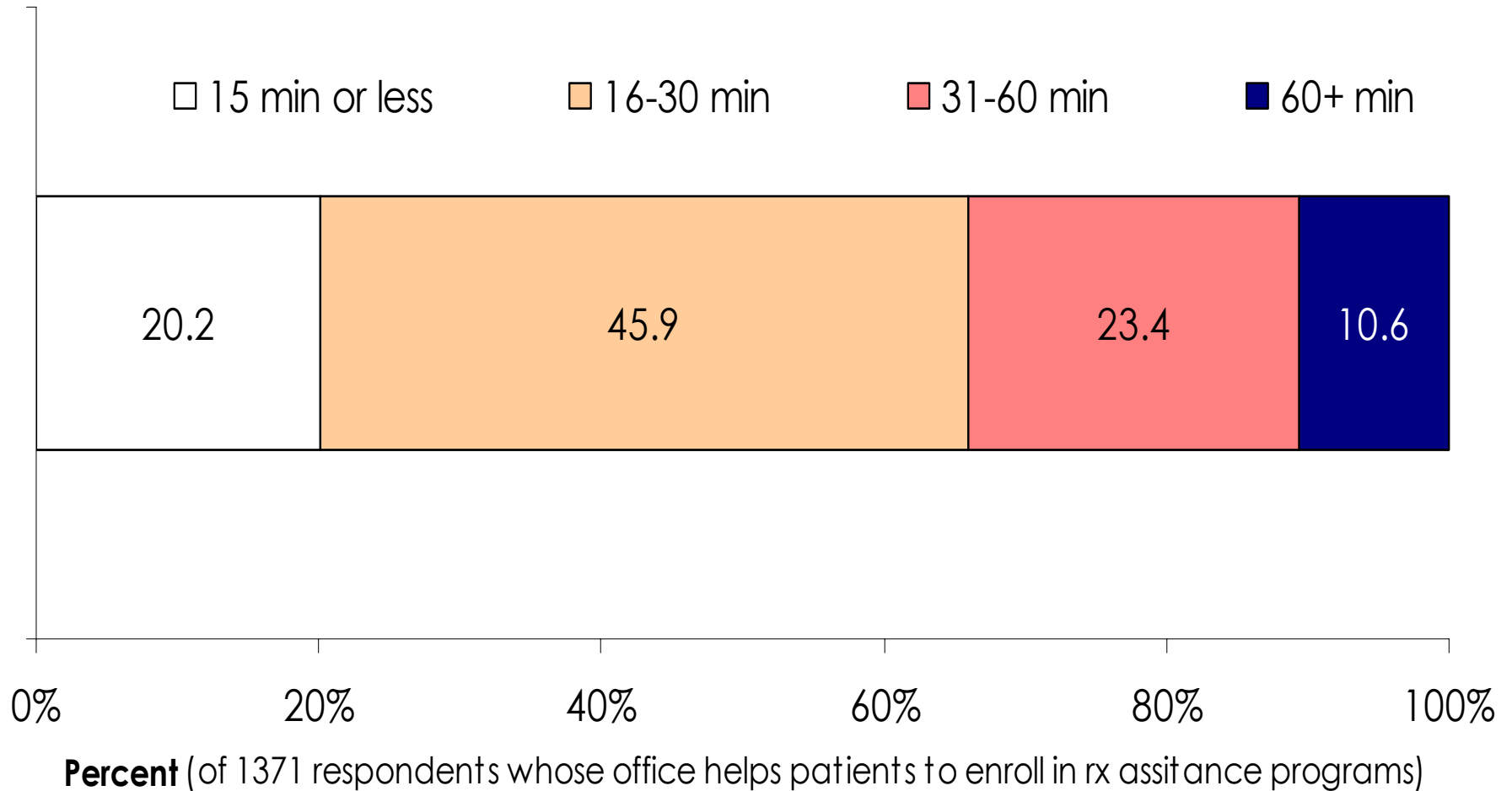
\*Percent of respondents who limit the associated payer and provided an importance rating

\*\*Issues rated on a scale of 1 to 3 ("not important" to "very important")

Subset analysis

# Rx Assistance Programs

## Time Spent to Help Enroll Each Patient in Pharmaceutical Assistance Programs

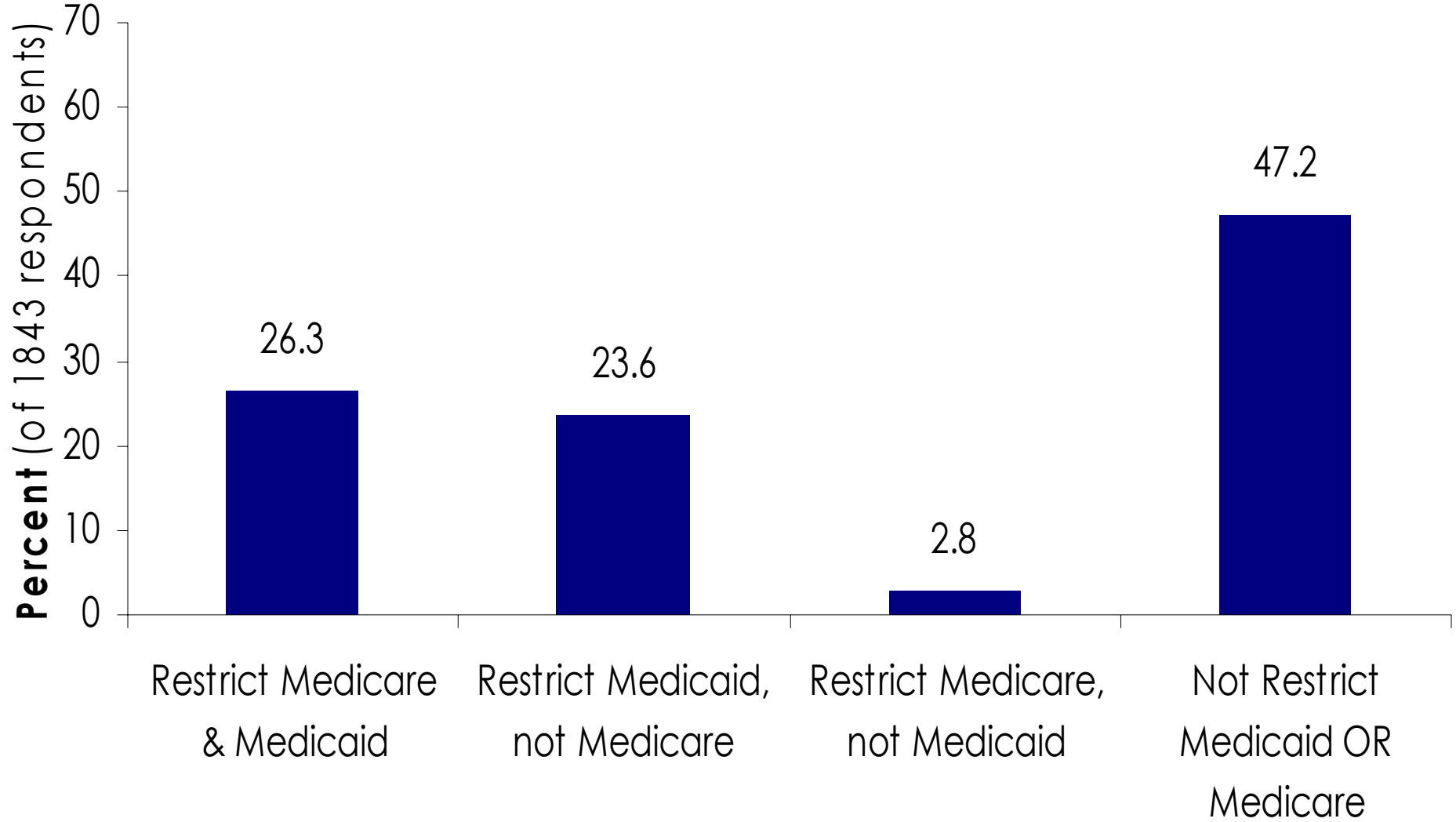


An outline map of the state of Oregon, rendered in a light gray color, serves as a background for the slide. The map is centered and occupies most of the frame. The text "Restricting Public Payers" is superimposed on the map.

# Restricting Public Payers

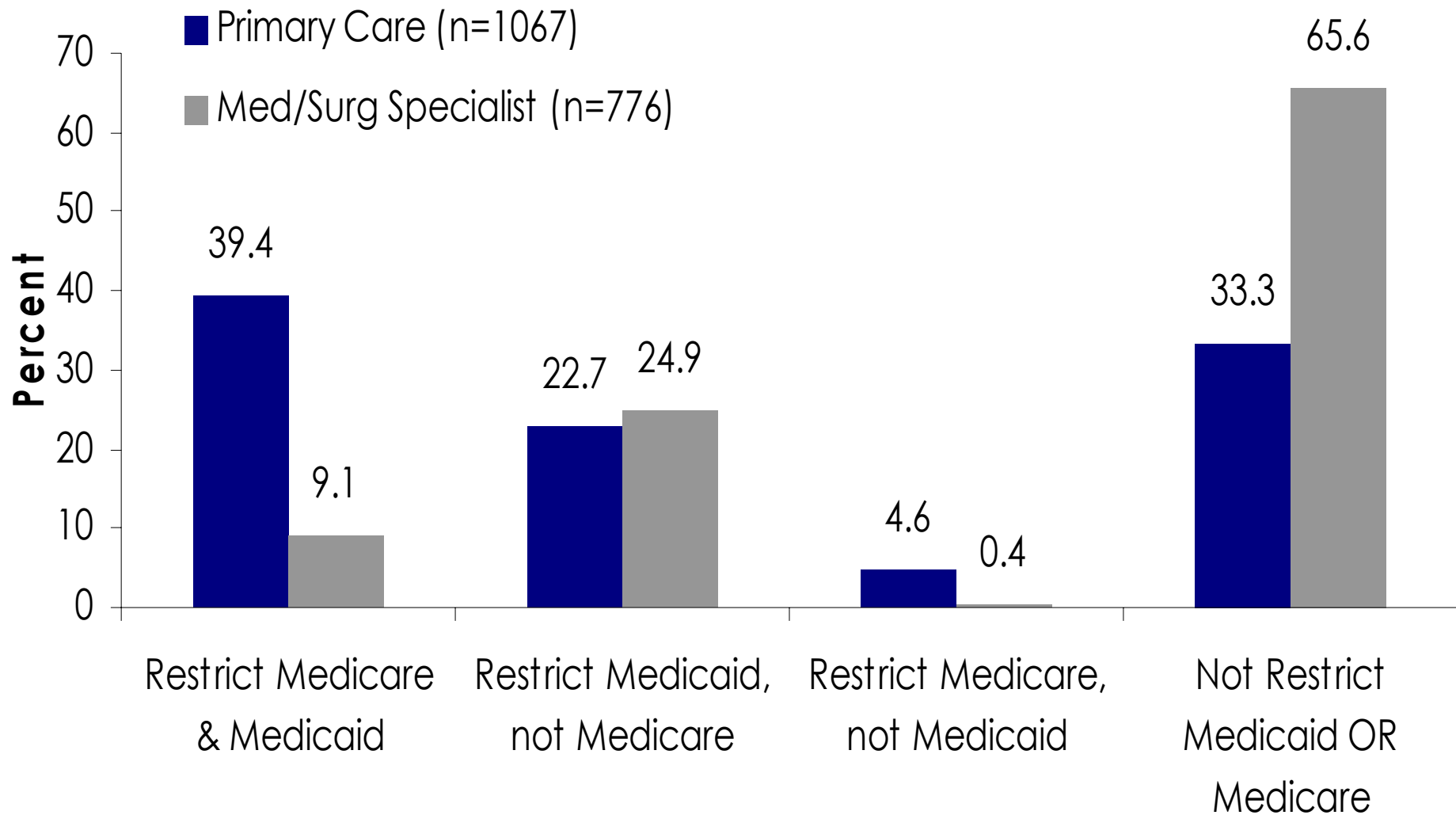


# Public Payer Restriction Group



Subset analysis

# Public Payer Restriction Group - Primary Care vs Specialist\*



\*significant per chi-square test of independence

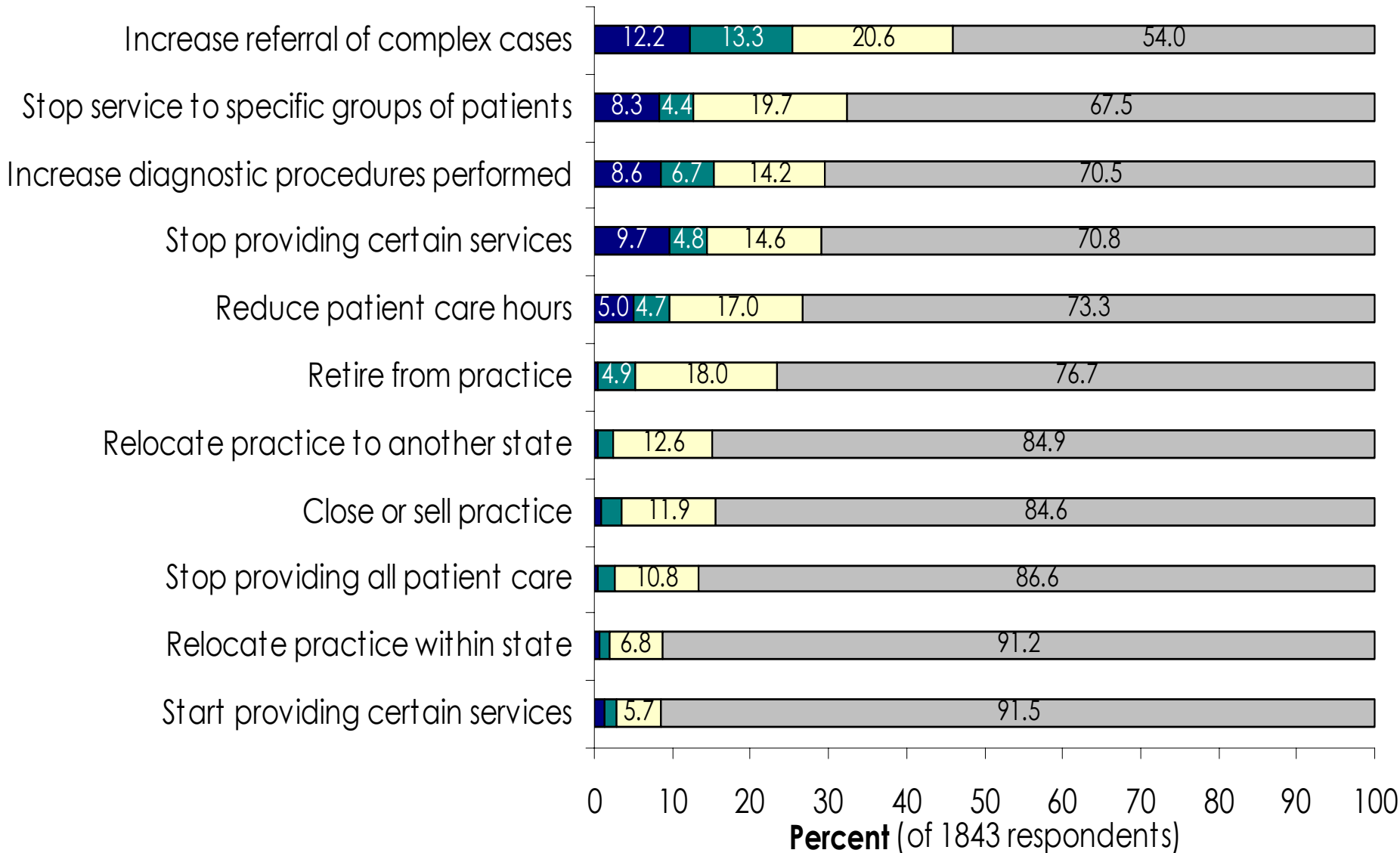
Subset analysis

An outline map of the state of Oregon, rendered in a light gray color, serves as a background for the slide. The map shows the state's irregular coastline and borders with neighboring states and Mexico. The text "Liability Issues" is centered within the map's outline.

# Liability Issues

## Anticipated Actions due to Liability Concerns - Combined

■ Already have done    
 ■ Definitely will do    
 ■ May consider doing    
 ■ Nothing anticipated



Subset analysis

## So what does this mean for access?

- Patient Relationships are important, more than income despite physician's concerns with reimbursement.
- Physician retirement is outpacing replacement in Oregon
- Physician's response to increasing cost pressures and medical liability include ↑ referral of complex cases and decreasing hours.
- Physicians are balancing the types of payers, and their decisions on Medicare impact decisions about Medicaid

# Reaction

- Charles Gallia – Oregon Medical Assistance Program, Dept of Human Services
- Scott Gallant – Oregon Medical Association

# For more information

- Full report completed by OMPRO will be available in February on both the OMAP& OHPR website, if questions contact Charles Gallia at [charles.a.gallia@state.or.us](mailto:charles.a.gallia@state.or.us) or 503-947-5280
- OMAP's website: <http://www.dhs.state.or.us/healthplan/>
- For questions regarding this Subset Analysis, contact Jeanene Smith at [jeanene.smith@state.or.us](mailto:jeanene.smith@state.or.us) or 503-378-2422
- Presentation materials will be available at <http://egov.oregon.gov/DAS/OHPPR>