

New Hampshire Medical Society 2013 Survey

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The Survey Center

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Survey Center

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Our senior staff have more than 40 years of experience in designing and conducting custom research on a broad range of political, social, healthcare and other public policy issues.

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Table of Contents

Executive Summary	1
Demographics.....	1
Issues and Priorities for the N.H. Medical Society.....	2
Affordable Care Act	8
Medical Malpractice Screening	11
Electronic Health Records.....	12
Positions That NHMS Should Take on Political Issues	13
Your Medical Practice	17

Executive Summary

The University of New Hampshire Survey Center conducted a survey of New Hampshire physicians for the New Hampshire Medical Society (NHMS). The survey was designed to determine the issues physicians think NHMS should address and what their positions are on such issues. Two thousand nine hundred and sixty-five (2,965) New Hampshire physicians (including NHMS member and non-member physicians) were sent emails on June 11, and surveys were collected until July 17, 2013. Five hundred eighty-eight (588) physicians completed the survey, resulting in a response rate of 20%. The following figures and tables display survey results.

Demographics

Two-thirds (66%) of responding physicians are also members of the New Hampshire Medical Society. Almost three-quarters of respondents (72%) were male, and nearly half (49%) are 50-64 years old. The majority say that they work in a hospital or health system (52%) while 21% work in an individual group practice and 15% are self-employed. Respondents were spread out in the field of medicine they practice with internal medicine (19%), surgery (14%) and family medicine (13%) being the most popular. A plurality works in a practice with more than 20 physicians (29%), and 14% have a solo practice. Politically, over half of respondents (52%) identified as Democrats, 31% identified as Republicans, and 17% identified as Independents.

	Total	Member	Non-Member		Total	Member	Non-Member
Age				Field of Medicine			
Under 40	13%	11%	17%	Internal Medicine	19%	18%	18%
40-49	21%	24%	17%	Surgeon	13%	16%	10%
50-64	49%	52%	47%	Family Medicine	13%	14%	11%
65 and Older	17%	14%	20%	Emergency Medicine	8%	8%	9%
Sex				Pediatrics	8%	6%	12%
Male	72%	73%	68%	Psychiatry	6%	2%	15%
Female	28%	27%	32%	OB/GYN	6%	7%	3%
Party Identification				Anesthesiology	4%	4%	3%
Republican	31%	30%	34%	Radiology	4%	5%	2%
Independent	17%	15%	18%	Other	19%	21%	16%
Democrat	52%	55%	47%	Employment			
# of Physicians in Practice				Hospital or Health System	52%	52%	52%
Solo	14%	12%	17%	Individual Group Practice	21%	26%	11%
2-4	21%	22%	19%	Self-Employed	15%	13%	17%
5-10	23%	23%	22%	U.S. Veterans Administration	3%	1%	6%
11-20	13%	14%	10%	FQHC	2%	2%	2%
More Than 20	29%	29%	33%	Academic	1%	1%	2%
NHMS Membership				Administrative	1%	1%	2%
Member	66%	-	-	Other	5%	5%	7%
Non-Member	34%	-	-				

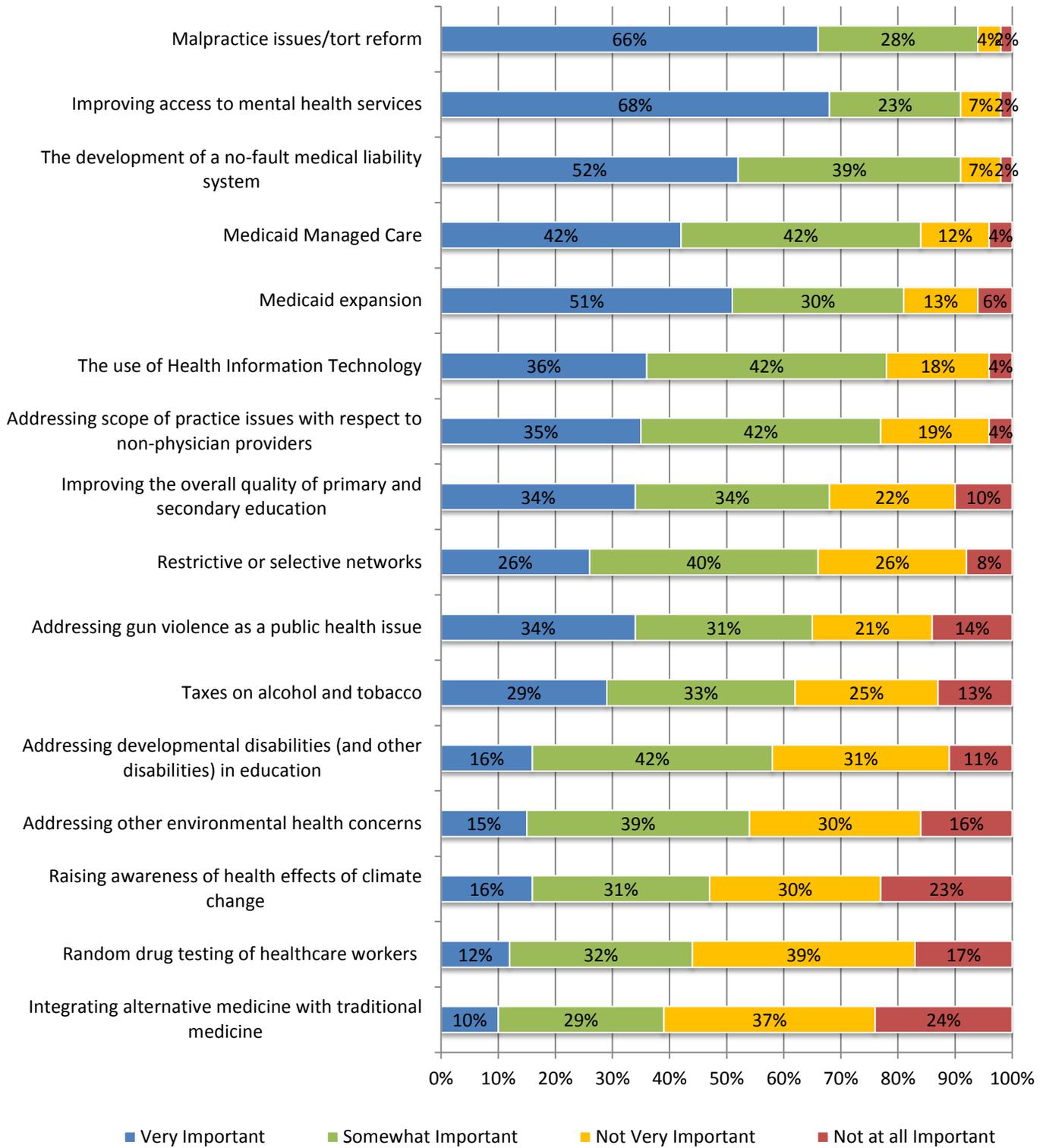
Issues and Priorities for the N.H. Medical Society

There are three main issues that an overwhelming number of respondents would like the N.H. Medical Society to get involved with: malpractice issues/tort reform, improving access to mental health services and the development of a no-fault medical liability system. Figures 1-4 will indicate that not only do a large majority of physicians support these reforms but they want them to be the focus of NHMS. There are no differences between NHMS members and non-members unless stated in the sub-bullets.

When asked which issues should be a priority for NHMS, nearly all respondents (94% think it is important (66% think it is “very important” and 28% think it is “somewhat important”) that NHMS focus on malpractice/tort reform, followed by improving access to mental health services (91%), development of a no-fault medical liability system (91%), Medicaid Managed Care (84%), Medicaid expansion (81%), use of Health Information Technology (78%), addressing scope of practice issues with respect to non-physician providers (77%), improving the overall quality of primary and secondary education (68%), restrictive or selective networks (66%), addressing gun violence as a public health issue (65%), taxes on alcohol or tobacco (62%), addressing development disabilities in education (58%), addressing other environmental health concerns (54%), raising awareness of health effects of climate change (47%), random drug testing of healthcare workers (44%), and integrating alternative medicine with traditional medicine (39%) **(Figure 1)**.

- Emergency-care providers, those in an individual group practice and Republicans are *more likely* to feel it is *very important* that NHMS focuses on malpractice issues/tort reform.
- Democrats and those in practices of more than 20 are *more likely* to feel it is *very important* that NHMS focuses on Medicaid expansion.
- Primary-care providers, emergency-care providers, females and Democrats are *more likely* to feel it is *very important* that NHMS focuses on improving access to mental health services.
- Those who are under 40 and those who are 65 and older are *more likely* to feel it is *very important* that NHMS focuses on improving the overall quality of primary and secondary education.
- Democrats and those who are 65 or older are *more likely* to feel it is *very important* that NHMS focuses on addressing gun violence as a public health issue.
- Surgeons, emergency-care providers and Republicans are *less likely* to feel it is *very important* that NHMS focuses on addressing gun violence as a public health issue.
- Those who are under 40 are *more likely* to feel it is *very important* that NHMS focuses on addressing scope of practice issues with respect to non-physician providers.
- Non-members are *more likely* to feel it is *very important* that NHMS focuses on addressing developmental disabilities (and other disabilities) in education.

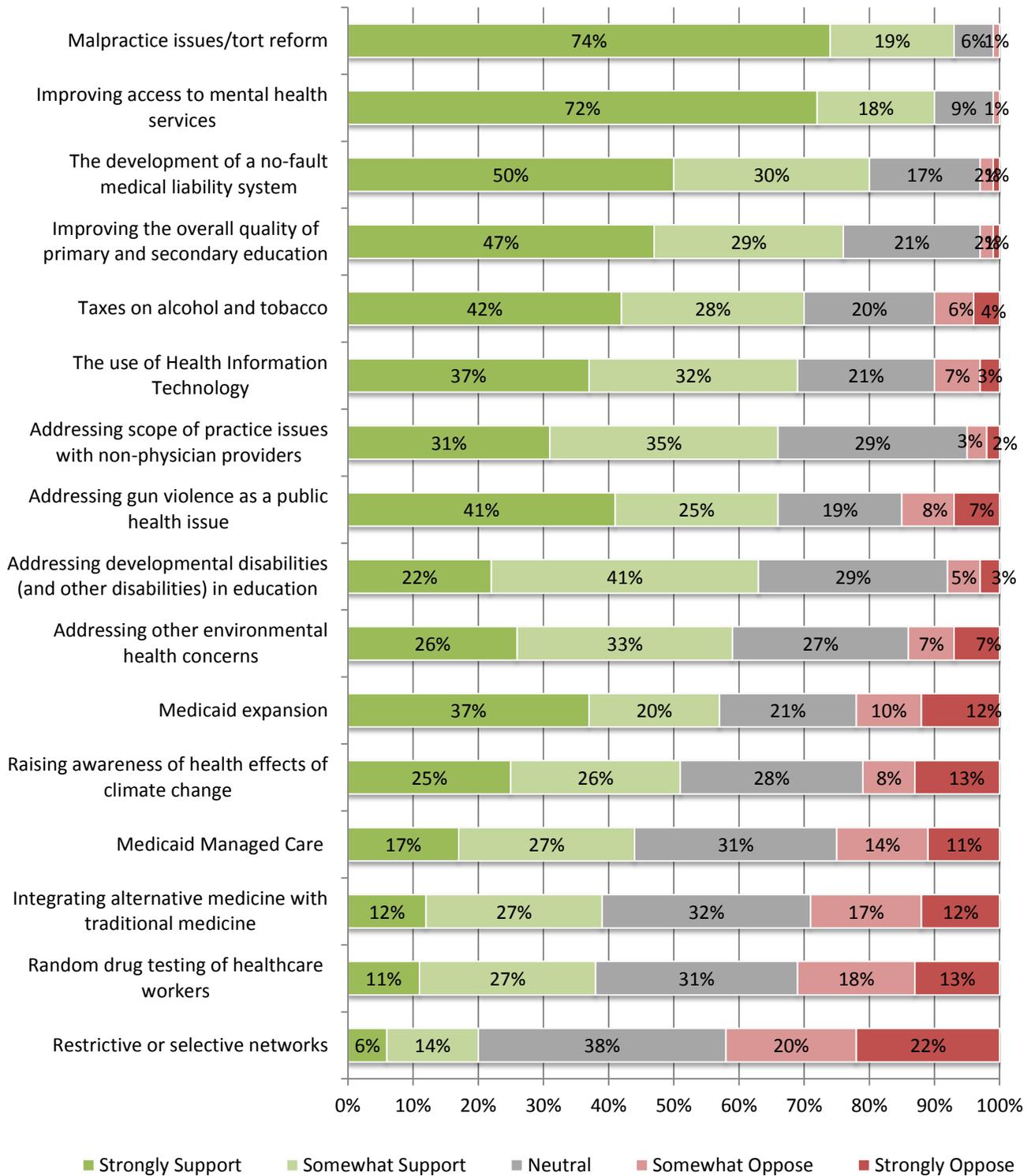
Figure 1: How important is it that the Medical Society focuses on:



When asked their personal positions on these issues, 93% of doctors support malpractice/tort reform (74% “strongly” support and 19% “somewhat” support), followed by improving access to mental health services (90%), development of a no-fault medical liability system (80%), improving the overall quality of primary and secondary education (76%), taxes on alcohol and tobacco (70%), use of Health Information Technology (69%), addressing gun violence as a public health issue (66%), addressing scope of practice issues with respect to non-physician providers (66%), addressing developmental disabilities in education (63%), addressing other environmental health concerns (59%), Medicaid Expansion (57%), raising awareness of health effects of climate change (51%), Medicaid Managed Care (44%), integrating alternative medicine with traditional medicine (39%), random drug testing of healthcare workers (38%) and restrictive or selective networks (20%) (**Figure 2**).

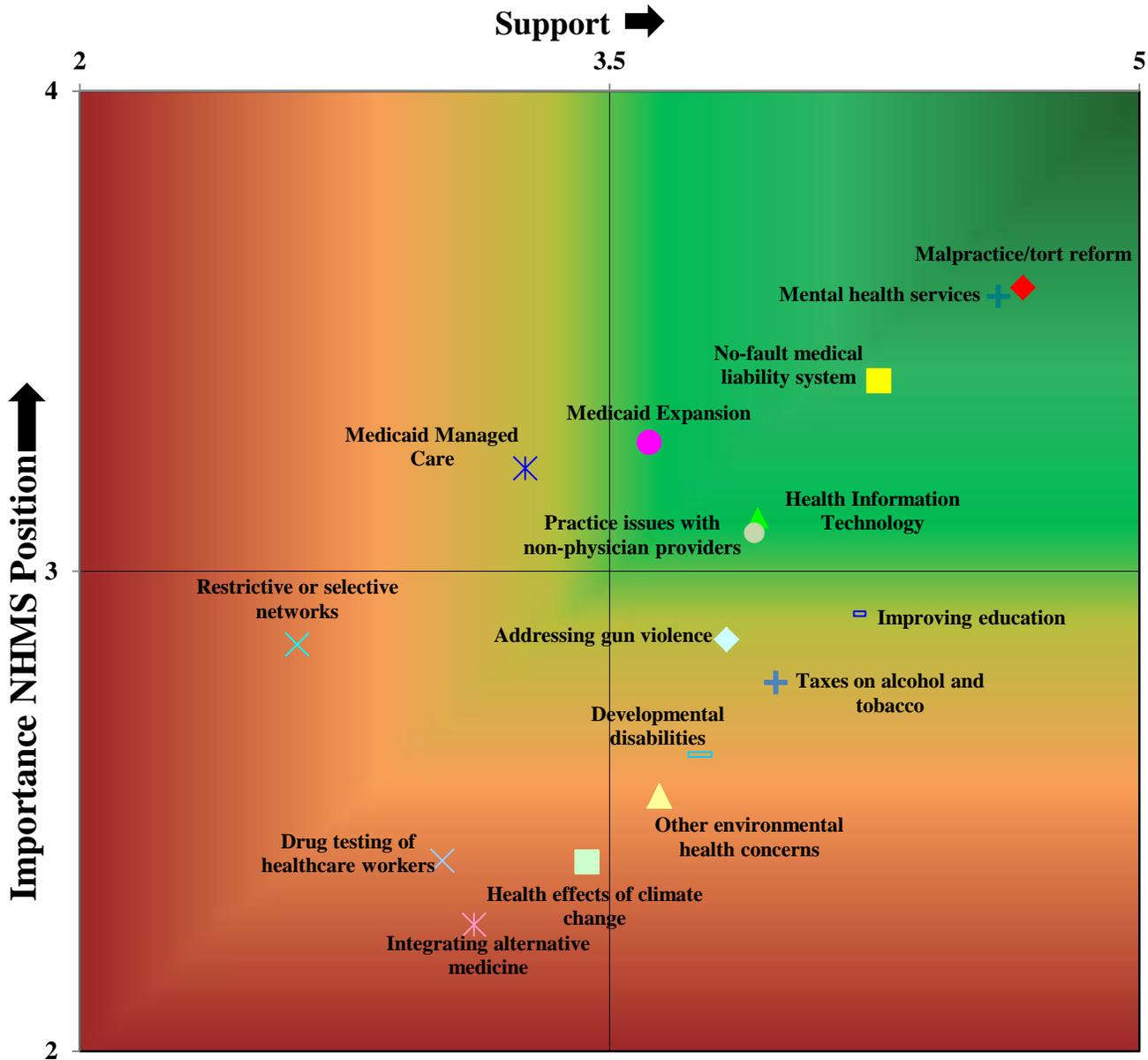
- NHMS members, physicians who work in an individual group practice, Republicans, surgeons, OB/GYNs and emergency-care providers are *more likely to strongly support* malpractice issues/tort reform.
- OB/GYNs and emergency-care providers are *more likely to strongly support* the development of a no-fault liability system.
- OB/GYNs are *more likely to strongly support* the use of Health Information Technology.
- Those who are self-employed and those 65 and older are *more likely to strongly oppose* restrictive or selective networks.
- NHMS members, physicians who work in a hospital or health system, Democrats, primary-care providers, OB/GYNs and those in a practice of more than 20 are *more likely to strongly support* Medicaid expansion.
- Females, Democrats, primary-care providers, OB/GYNs and emergency-care providers are *more likely to strongly support* improving access to mental health services.
- Females and Democrats are *more likely to strongly support* addressing gun violence as a public health issue.
- Democrats are *more likely to strongly support* raising awareness of health effects of climate change.
- NHMS members, Democrats and OB/GYNs are *more likely to strongly support* taxes on alcohol and tobacco.

Figure 2: What is your position on:



A quadrant analysis was conducted to determine the position of N.H. physicians on issues of greatest importance. Issues that had significant support and a significant percentage of respondents wanting NHMS to take a position on (those located in the upper-right quadrant) were malpractice/tort reform, mental health services, a no-fault medical liability system, Health Information Technology, Medicaid expansion and practice issues with non-physician providers. Meanwhile, issues that received support but a lower amount of respondents wanting NHMS to take a position (the lower-right quadrant) included gun violence, improving education, developmental disabilities in education, taxes on alcohol and tobacco and other environmental health concerns.

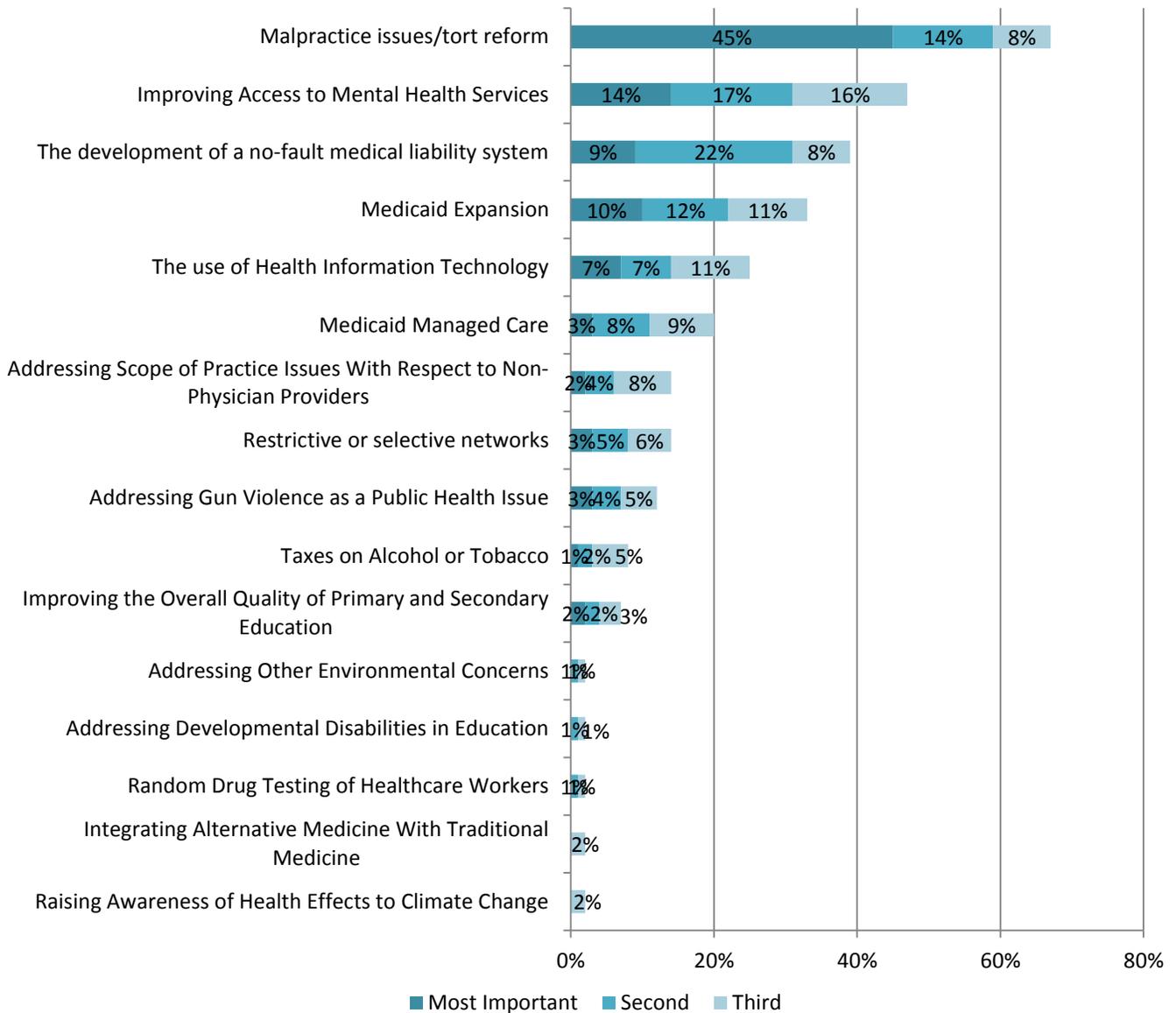
Figure 3: Quadrant Analysis



Quadrant analysis was done by plotting the mean support on an issue (on the “x” axis) and the mean importance that NHMS take a position on that issue (on the “y” axis). The axes have a different maximum value because the NHMS position questions were on a four-point scale and the support questions were on a five-point scale.

When asked to prioritize the top three issues, 67% of physicians chose malpractice/tort reform, followed by improving access to mental health services (47%), development of a no-fault medical liability system (39%), Medicaid Expansion (33%), Use of Health Information Technology (25%), Medicaid Managed Care (20%), addressing the scope of practice issues with respect to non-physician providers (14%), restrictive or selective networks (14%), addressing gun violence as a public health issue (12%), taxes on alcohol or tobacco (8%), improving the overall quality of primary and secondary education (7%), raising awareness of health effects of climate change (2%), addressing other environmental health concerns (2%), addressing developmental disabilities in education (2%), integrating alternative medicine with traditional medicine (2%) and random drug testing of healthcare workers (2%).

Figure 4: Rank the top three issues on which the NHMS should concentrate efforts:



Affordable Care Act

In preparing for the implementation of the Affordable Care Act, it appears that not all physicians are prepared at the same level. It is also worth noting that support of the law is still a partisan issue, with Democrats largely supporting the legislation and Republicans largely opposing it. There are no differences between NHMS members and non-members unless stated in the sub-bullets.

Only 14% of respondents say they (or their practice) are very prepared to implement the Affordable Care Act in 2014, 38% are somewhat prepared, 13% are not very prepared, 9% are not at all prepared and 26% don't know (Figure 5). Meanwhile, only one-quarter (26%) believe they have access to all the information they need to navigate changes in healthcare regulations due to the Affordable Care Act, 25% believe they do not have access to the information needed, and nearly half (49%) of physicians don't know if they have access to all of the information they need (Figure 6).

- Those who are in a practice of more than 20 are *more likely* to be *very prepared* to implement the Affordable Care Act in 2014.
- Non-members are *more likely* to say they *don't know* how prepared they are to implement the Affordable Care Act in 2014.

Figure 5: How prepared are you to implement the Affordable Care Act in 2014?

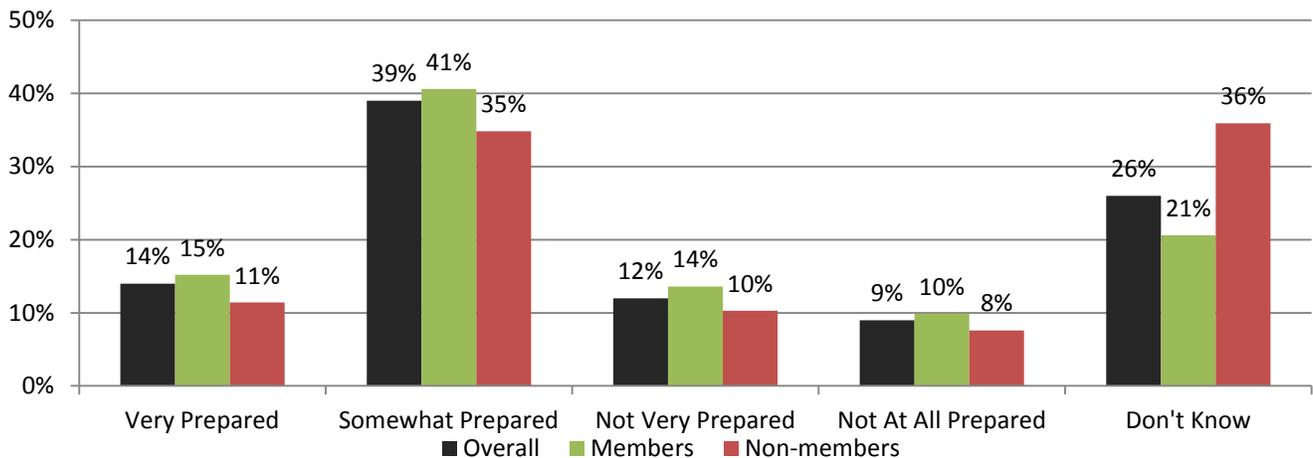
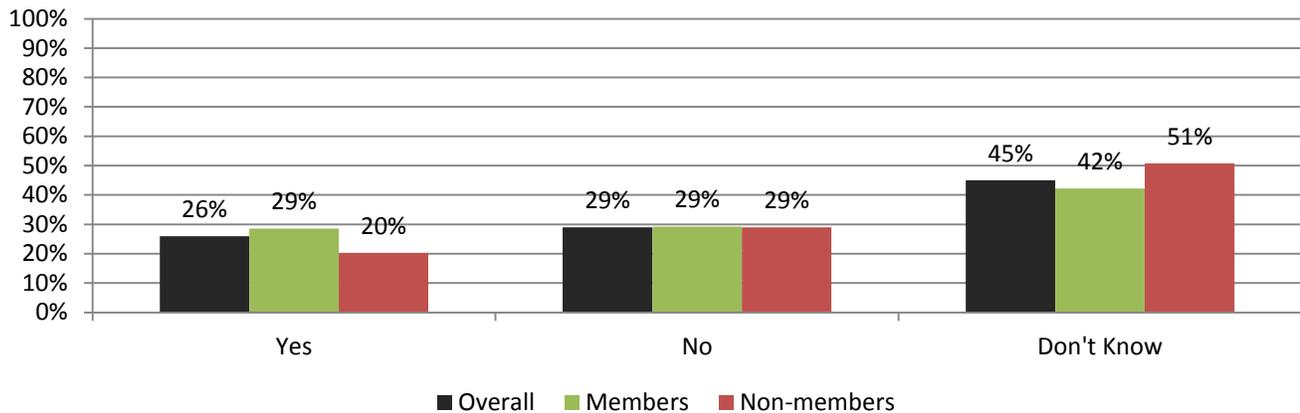


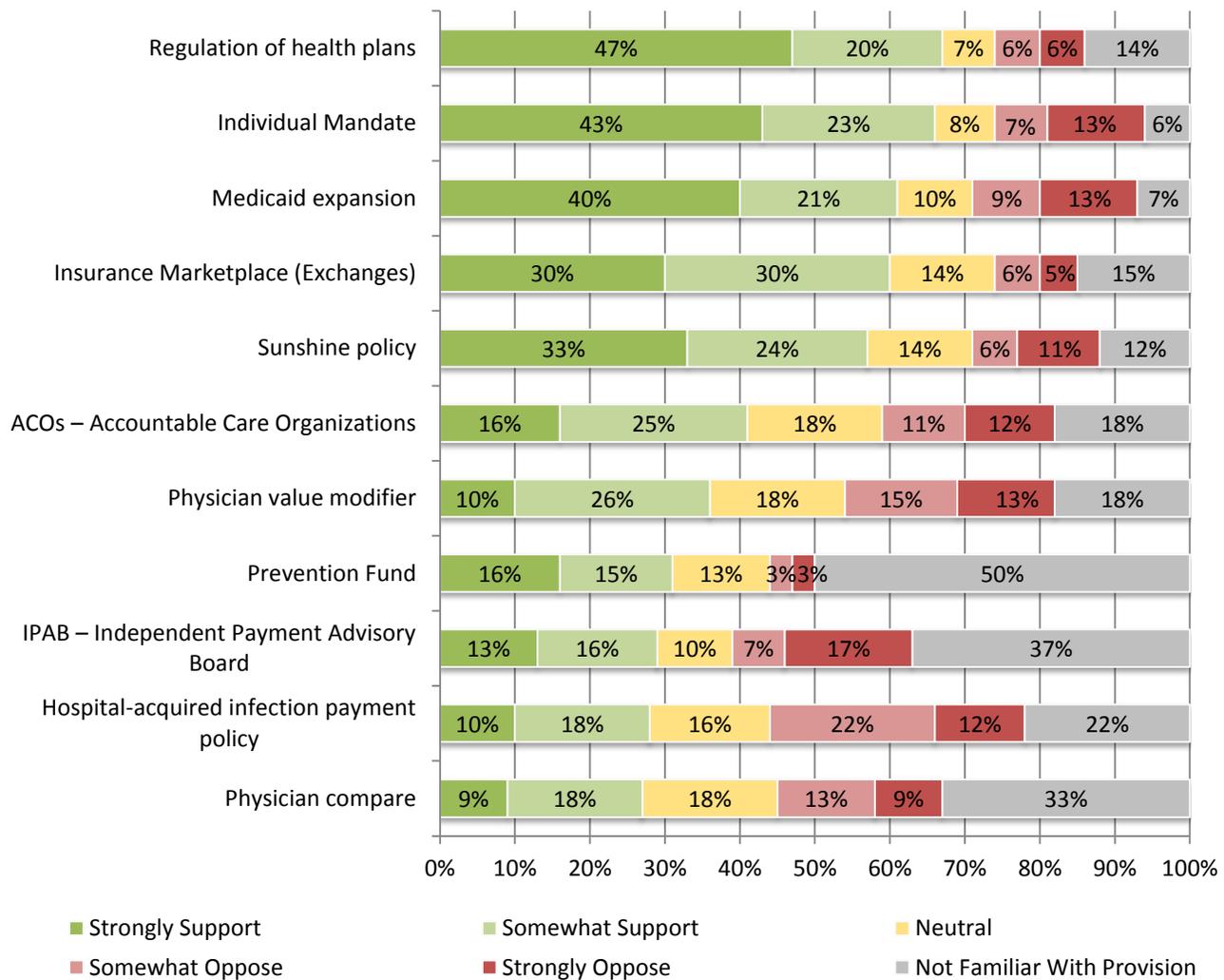
Figure 6: Do you have access to all of the information you need to navigate the changing healthcare regulations associated with the Affordable Care Act?



When asked about components of the ACA they support or oppose, a majority of physicians support the regulation of health plans (67%), Individual Mandate (66%), Medicaid expansion (61%), insurance marketplace (60%) and sunshine policy (57%) provisions of the Affordable Care Act. Less popular provisions include accountable care organizations (41% support), the physician value modifier (36%), prevention fund (31%), Independent Payment Advisory Board (29%), hospital-acquired infection payment policy (28%) and Physician Compare (27%).

- The provisions with the least support are also the least known by physicians as half are not familiar with the Prevention Fund, followed by the Independent Payment Advisory Board (37%), Physician Compare (33%) and hospital-acquired infection payment policy (22%).
- The largest demographic differences are along partisan lines: Republicans are *more likely to strongly oppose* Medicaid Expansion, IPAB, Individual Mandate, ACOs, hospital-acquired infection payment policy, Physician Compare, physician value modifier and sunshine policy. Meanwhile, Democrats are *more likely to strongly support* Medicaid Expansion, Insurance Marketplace, Individual Mandate, regulation of health plans and sunshine policy.
- NHMS members are *more likely to strongly support* Medicaid expansion, Individual Mandate and regulation of health plans.
- Non-members are *more likely to not be familiar with the* Medicaid expansion, regulation of health plans and sunshine policy provisions.

Figure 7: Do you support or oppose the following components of the Affordable Care Act?



Medical Malpractice Screening

A majority of physicians are aware of the state's current medical malpractice screening panel system, and a large majority supports it. NHMS members are more likely to be familiar with the medical malpractice screening panel system and more likely to support it.

Only 18% of respondents are very familiar with New Hampshire's medical malpractice screening panel system, while 39% are somewhat familiar, 19% are not very familiar and 24% are not at all familiar (**Figure 8**). Most physicians (81%) support the current malpractice system (52% "strongly" and 29% "somewhat") while just 2% oppose it (and they only "somewhat oppose" it), and 18% are neutral (**Figure 9**).

- Those who are under 40 and non-members are *more likely to be not at all familiar* with New Hampshire's medical malpractice screening system.
- NHMS members are *more likely to support* the current malpractice system while non-members are *more likely to be neutral* about the current malpractice system.

Figure 8: How familiar are you with New Hampshire's medical malpractice screening panel system?

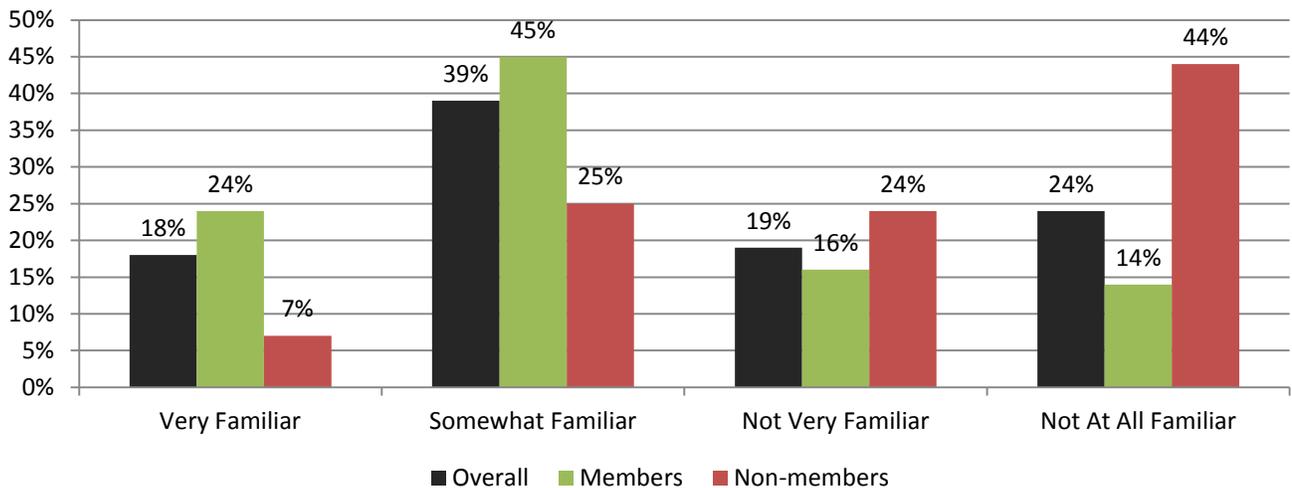
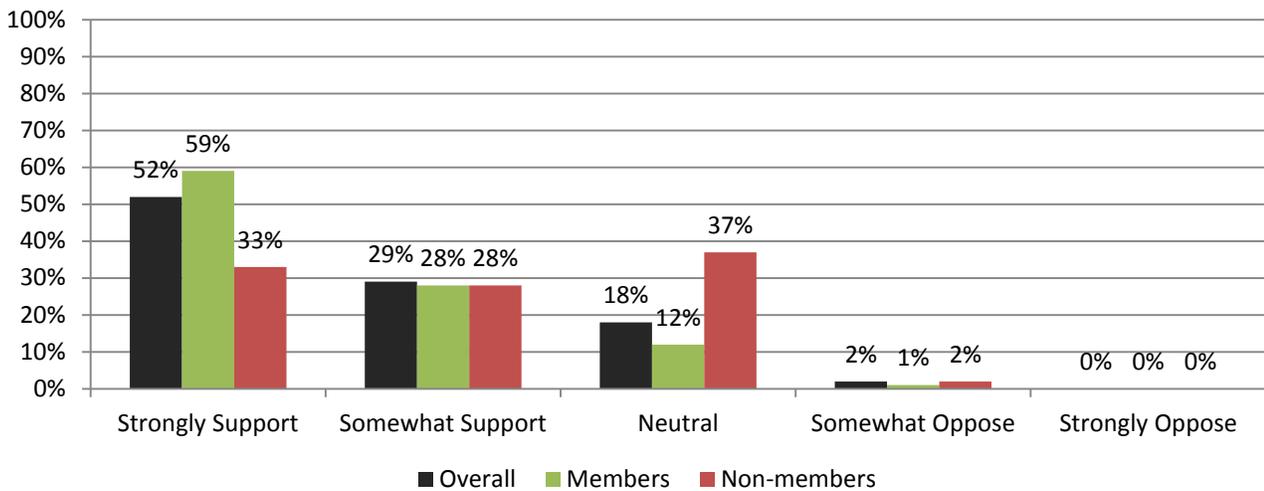


Figure 9: Do you support or oppose the current medical malpractice screening panel system?



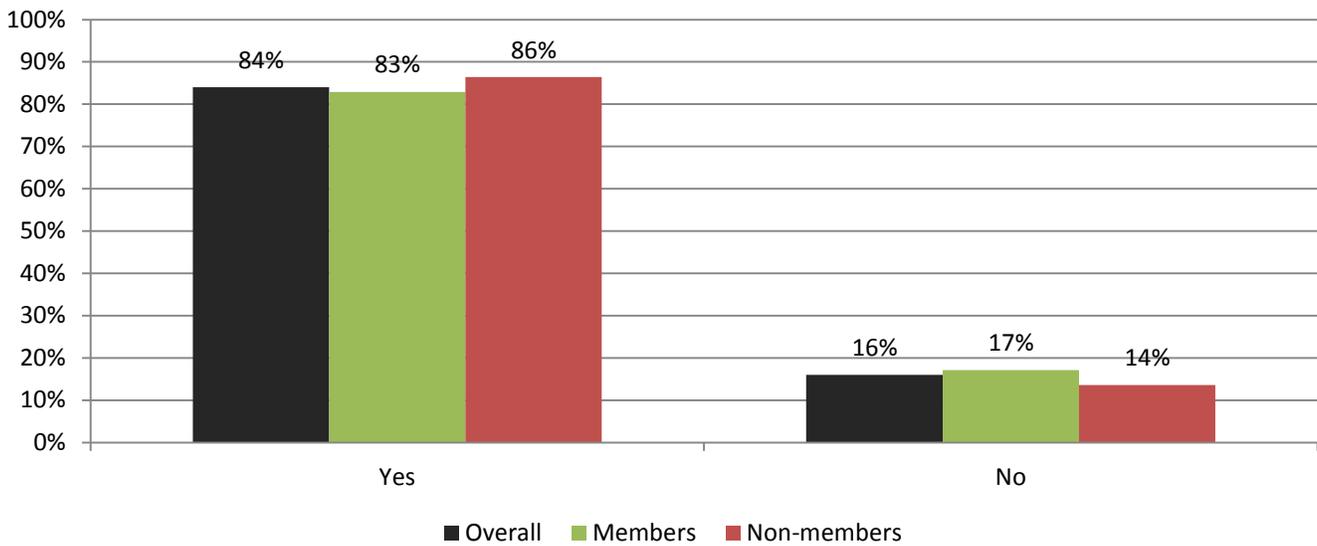
Electronic Health Records

Most physicians have an Electronic Health Record system at their practice, and a majority agrees that it improves patient care while a majority disagrees that EHRs help physicians be timely and efficient. Younger physicians are more likely to agree with both statements about EHRs. There are no differences between NHMS members and non-members unless stated in the sub-bullets.

Four in five respondents (84%) say that their practice has an Electronic Health Record system while 16% do not (**Figure 10**). A majority of physicians (65%) agree (24% “strongly” and 41% “somewhat”) that Electronic Health Records improve patient care, while just 37% (13% “strongly” and 24% “somewhat”) agree that Electronic Health Records help physicians to be timely and efficient (**Figure 11**).

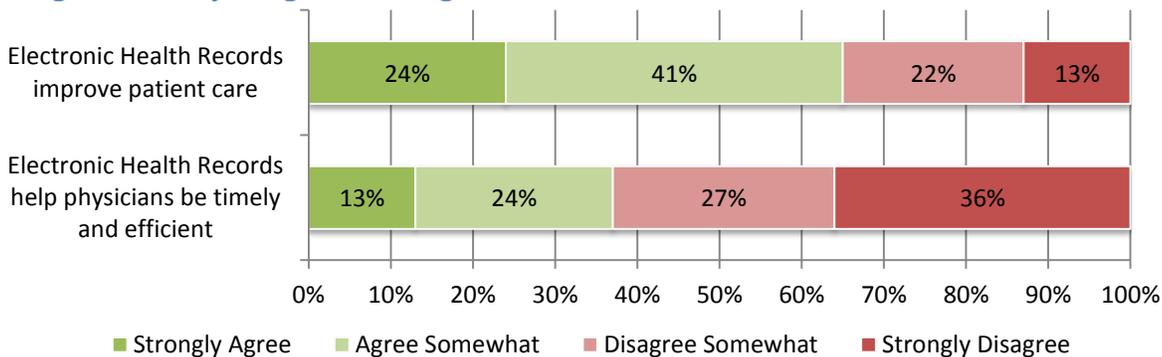
- Those who are self-employed and those who have a solo practice are *less likely* to have an EHR system.

Figure 10: Does your practice have an Electronic Health Record system?



- Those who are under 40 are *more likely to strongly agree* that Electronic Health Records improve patient care and that Electronic Health Records help physicians be timely and efficient.

Figure 11: Do you agree or disagree with statements about EHR?



Positions That NHMS Should Take on Political Issues

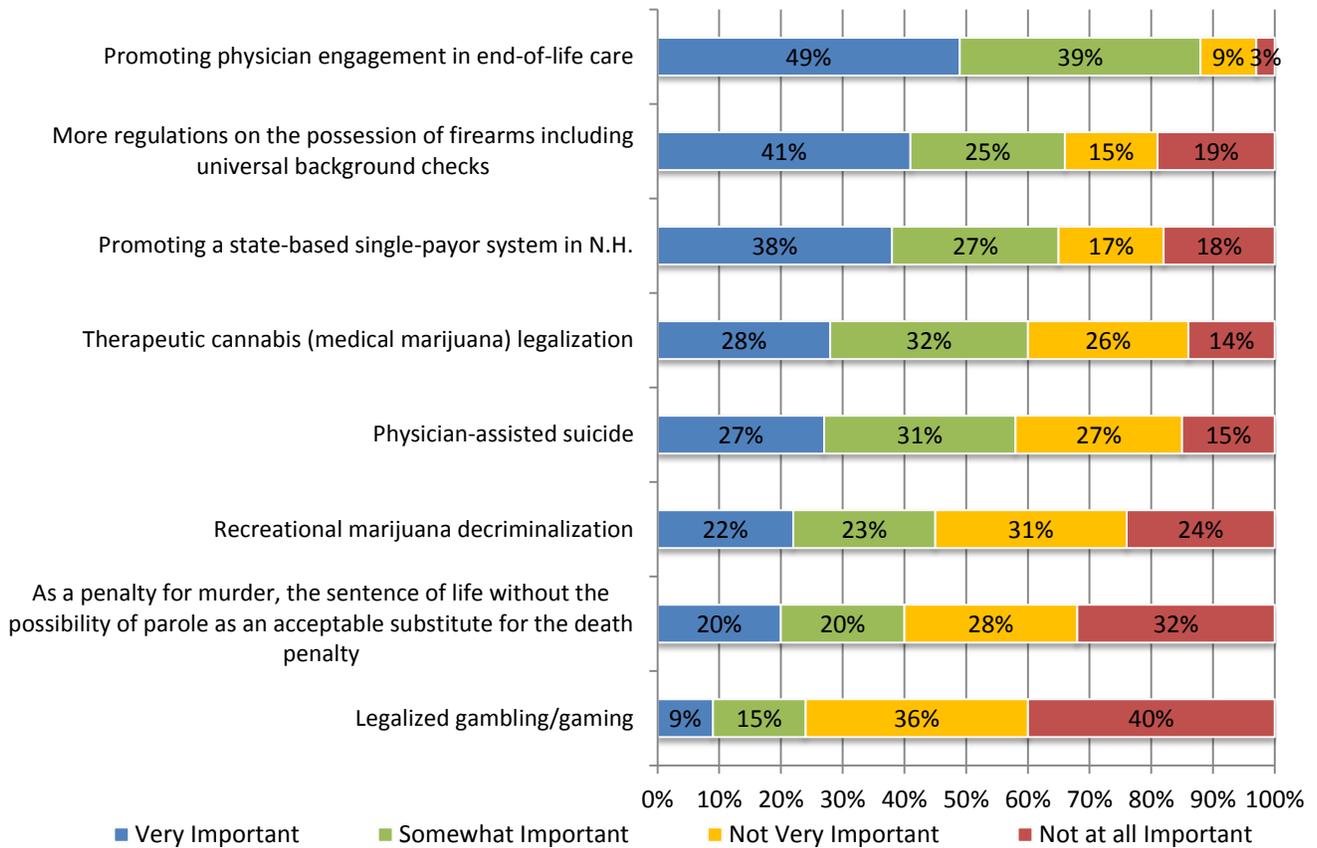
Respondents were divided on most of the political issues when it comes to both support of the issue and the importance of NHMS taking a stand on that issue. The one issue with almost universal support was the promotion of physician engagement in end-of-life care, while an increase in gun regulations was a distant (but still a majority) second. All other issues were generally not well-supported or deemed important. There are no differences between NHMS members and non-members unless stated in the sub-bullets.

Physicians were asked the importance of several positions related to health care that may face the legislature and their position on these issues. A large majority (88%) of respondents think it is important (49% think it is “very important” and 39% think it is “somewhat important”) that the NHMS takes a position promoting physician engagement in end-of-life care, followed by more regulations on guns including universal background checks (66%), promoting a state-based single-payor system in New Hampshire (65%), therapeutic cannabis (60%), physician-

assisted suicide (58%), recreational marijuana decriminalization (45%), life in prison as an acceptable substitute to the death penalty (40%) and legalized gambling/gaming (24%).

- Respondents 65 or older, OB/GYNs and Democrats are *more likely* to think it is very important that NHMS take a position on more regulations on the possession of firearms.
- Respondents 65 or older, Democrats and primary-care providers are *more likely* to think it is *very important* that NHMS take a position on promoting a state-based single-payor system in N.H.

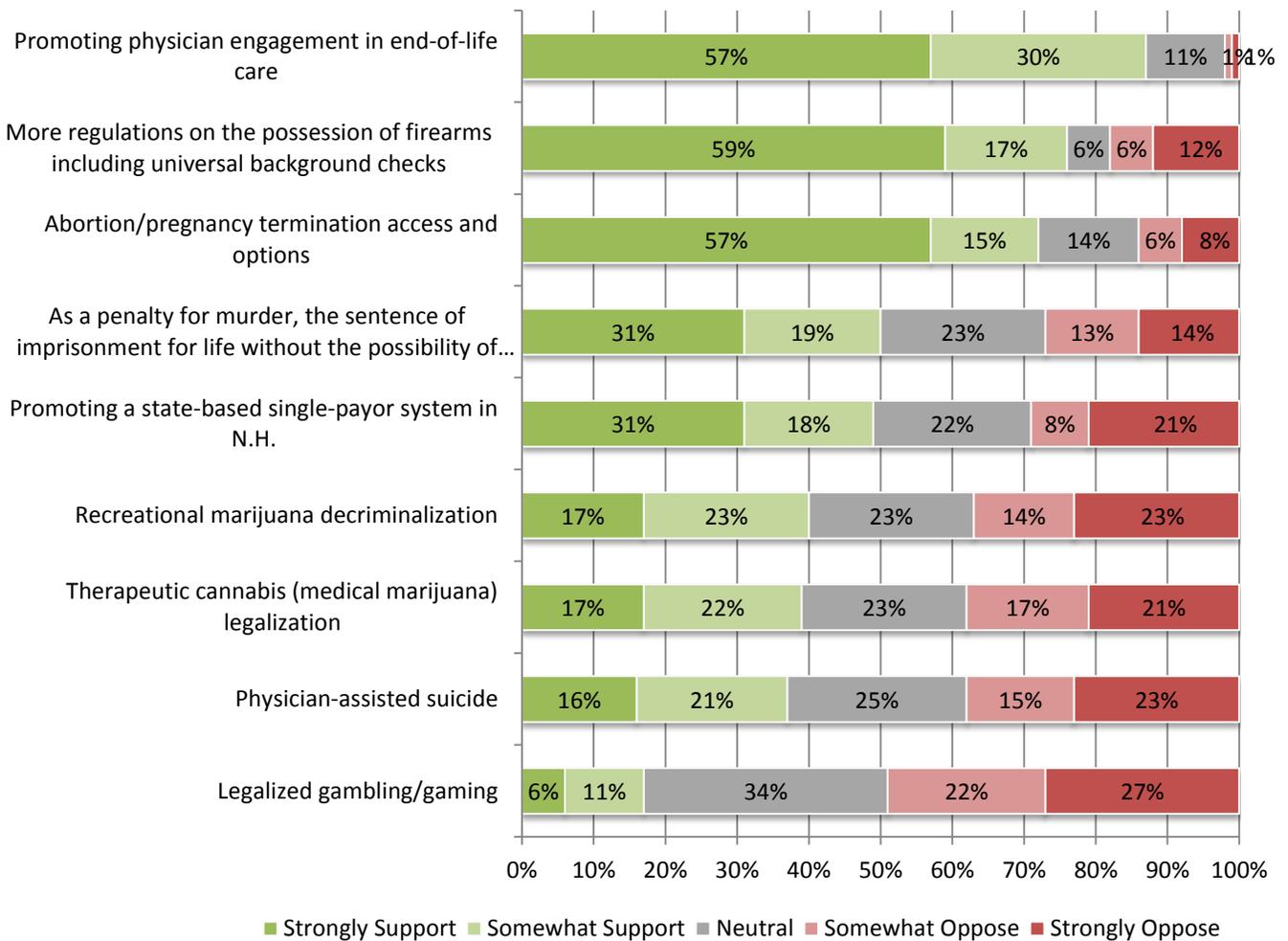
Figure 12: How important that NHMS takes a position on:



When asked what their positions were on these issues, 87% support (57% “strongly” and 30% “somewhat”) promote physician engagement in end-of-life care, followed by more regulations on guns including universal background checks (76%), abortion/pregnancy termination access and options (72%), life in prison as substitute to the death penalty (50%), promoting a state-based single payor-system in N.H. (49%), recreational marijuana decriminalization (40%), therapeutic cannabis (39%), physician-assisted suicide (37%) and legalized gambling/gaming (17%).

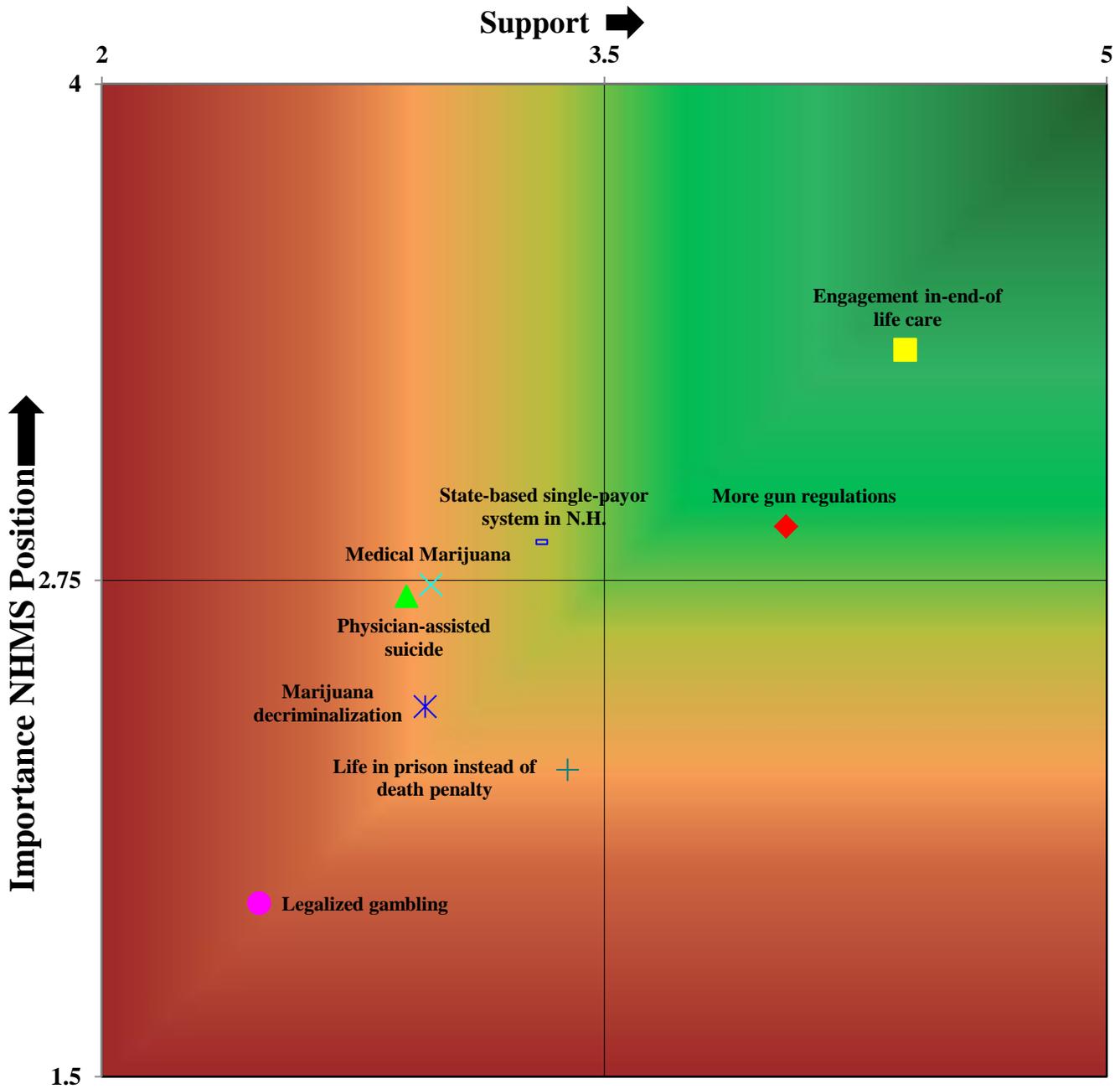
- Those employed in a hospital or health system and Democrats are *more likely to strongly support more regulations on the possession of firearms.*
- Females, Democrats and OB/GYNs are *more likely to strongly support abortion/pregnancy termination access and options.*
- Democrats, OB/GYNs, women and those in a practice of more than 20 are *more likely to strongly support promoting physician engagement in end-of-life care, such as living wills and advanced directives.*
- Democrats and primary-care providers are *more likely to strongly support promoting a state-based single-payor system in N.H.*

Figure 13: What is your position on?



In the quadrant analysis, there are two “high support, high importance” items (which would be located in the upper-right quadrant): engagement in end-of-life care and more gun regulations. A state-based, single-payor system in N.H. was the lone “high importance, low support” while the rest of the items had both low support and low importance.

Figure 14: Quadrant Analysis



Quadrant analysis was done by plotting the mean support on an issue (on the “x” axis) and the mean importance that NHMS take a position on that issue (on the “y” axis). The axes have a different maximum value because the NHMS position questions were on a four-point scale and the support questions were on a five-point scale.

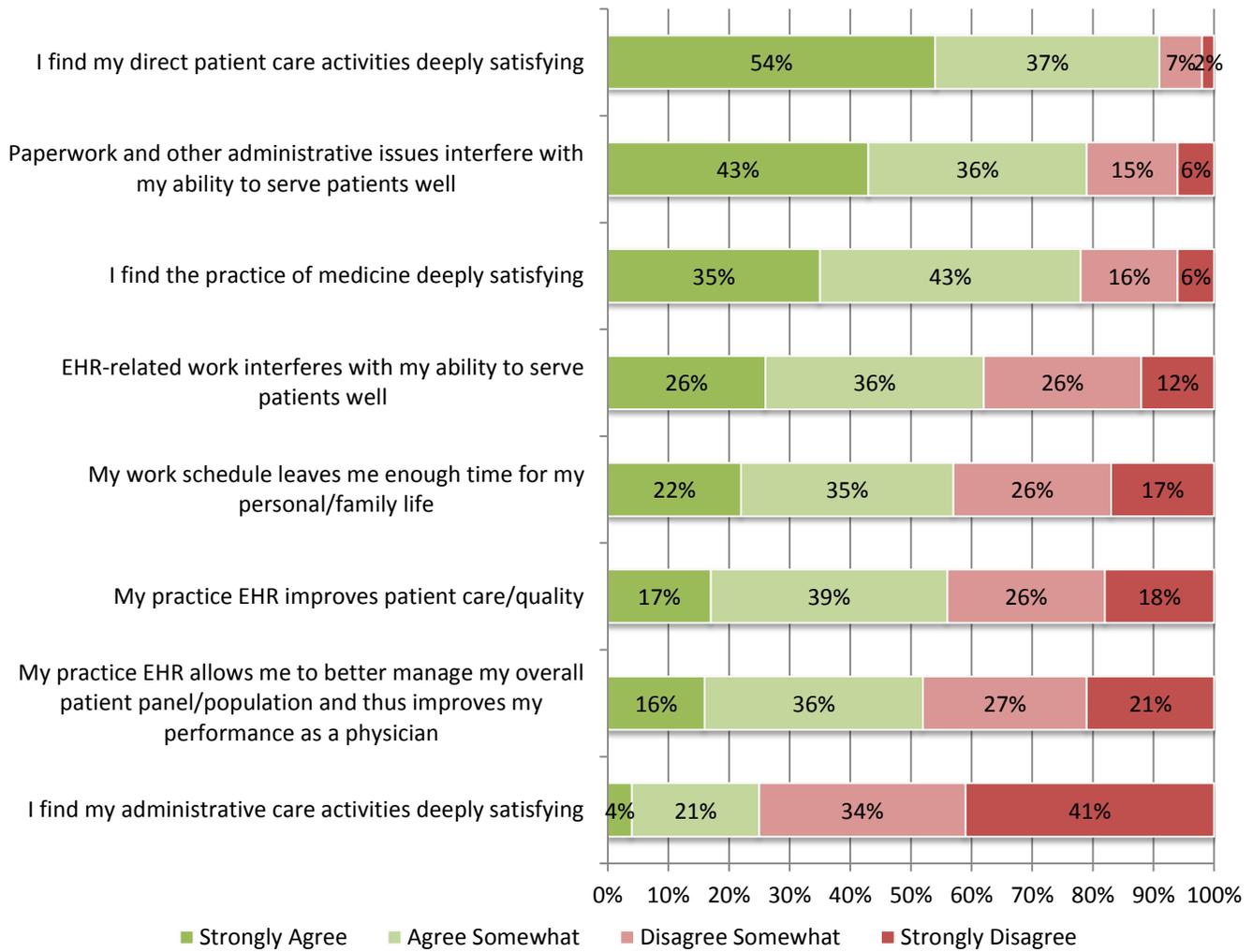
Your Medical Practice

Most physicians are satisfied in their practice, direct patient care and the practice of medicine. There is less satisfaction in administrative and EHR aspects of their practice; however, that comprises only a small portion of their time. There are no differences between NHMS members and non-members unless stated in the sub-bullets.

Nearly all physicians (91%) agree (54% “strongly” agree and 37% “somewhat” agree) that they find their direct patient care activities to be deeply satisfying, 78% find the practice of medicine deeply satisfying. However, only 57% say their work schedule leaves enough time for their personal/family life, 56% say their EHR improves patient care/quality, and 52% say their EHR allows them to better manage their population and improves their performance as a physician. On the negative side, four in five physicians (79%) say paperwork and other administrative issues interfere with their ability to serve patients well, 62% say EHR-related work interferes with their ability to serve patients well and only 25% find their administrative care activities deeply satisfying.

- Those who are 65 or older and OB/GYNs are *more likely to strongly agree* that they find their direct patient care activities deeply satisfying.

Figure 15: Satisfaction with your medical practice



Two-thirds of respondents (65%) say it is very likely they will still be in practice in 5 years. This number decreases to 43% when asked if they will still be in practice for 10 years and drops to 18% when asked if they will still be in practice in 20 years (**Figure 16**). Most physicians are generally satisfied with their practice -- 35% are very satisfied, 43% are somewhat satisfied, 16% are somewhat dissatisfied and 6% are very dissatisfied (**Figure 17**).

- Unsurprisingly, age was a major factor in these questions as 46% of older physicians (65 and older) said it would be “not at all likely” that they would still be in practice in 5 years (increasing to 64% in 10 years and 83% in 20 years). Meanwhile 63% of younger physicians (under 40) say it will be very likely that they’ll still be in practice 20 years from now.

Figure 16: How likely is it you still will be in practice in:

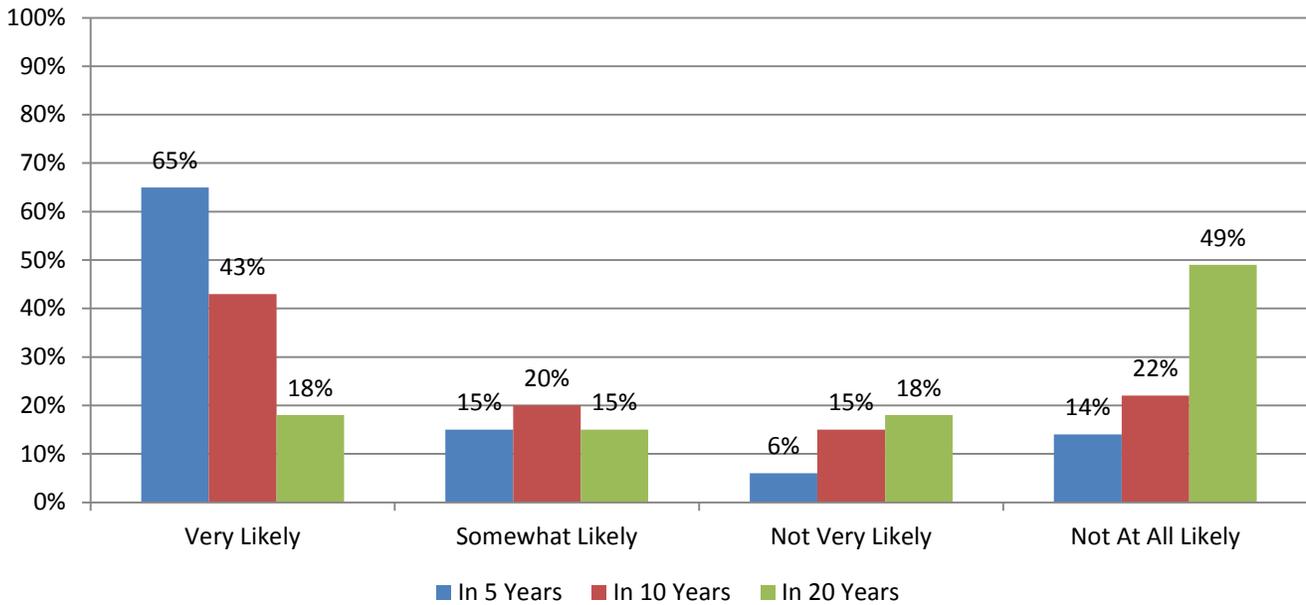
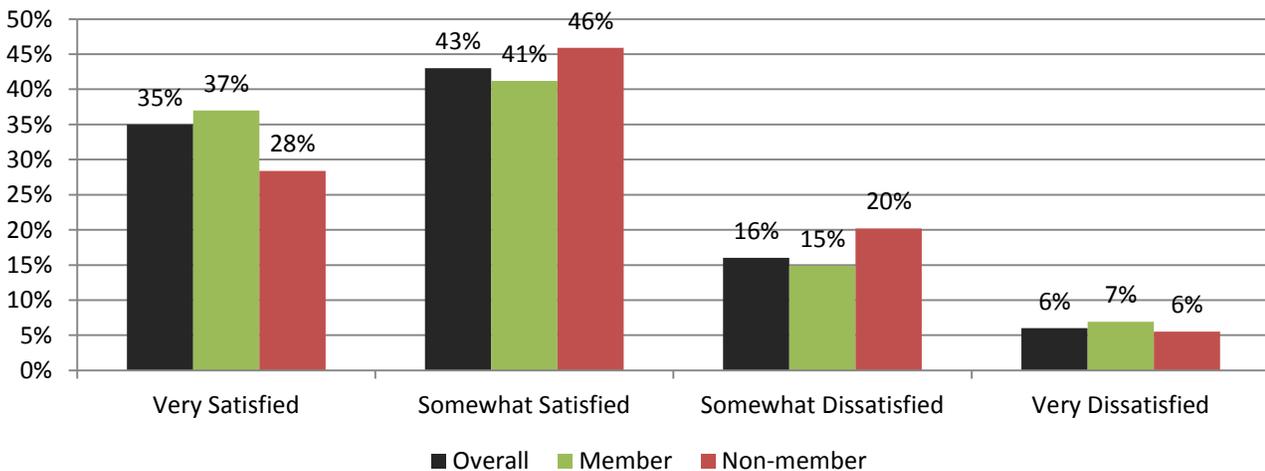


Figure 17: How Satisfied Are You With Your Practice?



On average, responding physicians spend 76% of their time in clinical practice, 11% of their time in a formal administrative position, 4% of their time teaching, 1% of their time doing policy and advocacy work, 1% of their time doing research and 2% of their time doing something else.

Figure 18: What percentage of your work time is spent in:

