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AN ARIZONA HEALTH FUTURES SURVEY

# Arizona Physicians: Attitudes Toward Health System Reform

## INTRODUCTION

In the ongoing debate over options for health system reform, stakeholders such as insurance industry representatives, hospital executives and physicians are likely to exercise significant influence over the options that are considered, and will certainly be major players in the debate itself. What is less clear is how the various preferences of each will be reconciled. For many of these groups, the status quo is the preferred option – and for most of them, it’s a strong second choice.<sup>1</sup> For physicians in particular, the range of support for various reform options remains largely a matter of conjecture.



Relative to other organized interests within the healthcare industry, little is known about physician preferences for health system reform options, and even less is known about the underlying beliefs that shape those opinions. In fact, the Arizona Medical Association’s interest in these topics was a key impetus for this study. Previous research suggests that nationally a plurality of doctors support some form of national health insurance, but far fewer support the federal government in the role of a single payer.<sup>2</sup> Other studies indicate that while physicians themselves view their public roles as important, advocating for expansion of insurance coverage is not a hot button issue for them, and more significantly, their attitudes are generally not linked to actions.<sup>3</sup>

Even at the height of the debate over the Clinton administration’s Health Security Act in 1994, a national survey found that more than half of physicians did not see the need for major health system reform, were divided on how to achieve universal coverage, and were, for the most part, concerned primarily about limiting the frequency of malpractice suits and size of malpractice settlements.<sup>4</sup> The authors of that study concluded that “[the] alienation felt by so many in the medical community toward our national political leaders and their reform proposals does not bode well for the successful implementation of health system reform, which would clearly require substantial physician cooperation and support.”

Historically, the opposition of major medical organizations and individual physicians has spelled doom for efforts to establish either a national health plan or other means to achieve universal health insurance coverage.<sup>5,6</sup> But is this the case today? Are physician attitudes toward healthcare reform changing, and if so, in what direction, and to what effect?

To explore these questions, St. Luke’s Health Initiatives (SLHI) conducted a statewide survey of physician attitudes about health system reform options. In addition, we asked doctors about their perceived social responsibility for addressing health-related issues, their degree of participation in civic and political activities, and about specific actions they may have taken to improve the quality and efficiency of their own practice. Finally, we included questions on physician use of information technology, given its perceived importance in addressing issues of efficiency and effectiveness in medical practice.

In this report, we present an overview of physician attitudes about health system reform and civic engagement, and how those attitudes are influenced by various political and demographic factors. We intend to take up the subject of physician use of technology in a separate report.

## DIVERSITY OF VIEWS

The survey provided an opportunity for physicians to write in individual comments about health system reform and/or the professional role of physicians with regard to health policy. We include a sampling of these throughout the report to indicate a diversity – and passion – of views.

## THE STATE OF THE SYSTEM

How do Arizona physicians view the state of the healthcare system generally?

- **11%** – The healthcare system in Arizona works pretty well, and only minor changes are needed to make it work better.
- **69%** – There are some good things in our healthcare system, but significant changes are needed to make it work better.
- **19%** – The healthcare system has so much wrong with it that we need to completely restructure it.
- **1%** – Did not answer.

*“The entire system is broken – insurance, hospitals, the quality of care – and needs to be fixed from the ground up.”*

Please Note: For presentation purposes, non-responses were omitted from the figures in this report, unless otherwise indicated. Due to rounding, all numbers displayed in this report may not total 100%.

Clearly Arizona physicians agree that substantial change in the healthcare system is needed. Some 88% see the need for either significant change or a complete overhaul of the system. Only 11% agree that things work pretty well, and only minor tweaks are needed.

*“The health system, with the exception of the emergency room difficulties, is good – but as expected, expensive...”*

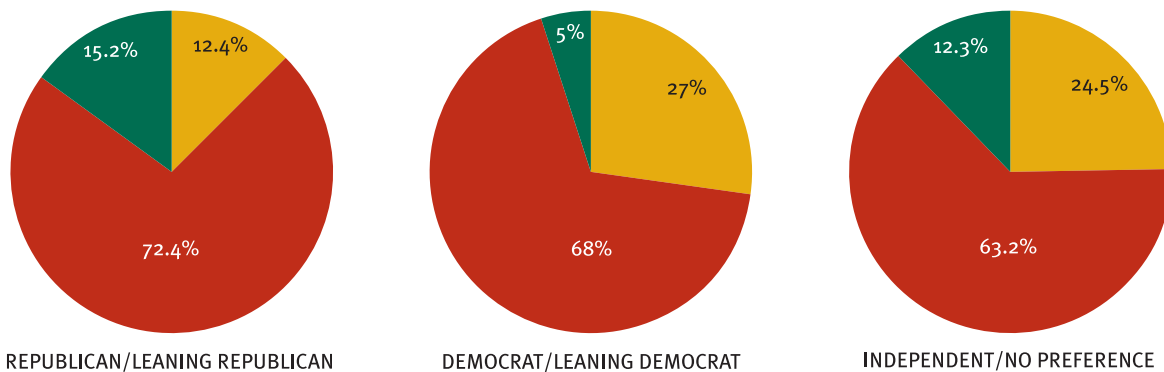
## The Political Divide

Not surprisingly, physician responses to attitudes about the healthcare system varied along the lines of political affiliation. Among Republicans, just 12% indicated that the healthcare system needs to be restructured, compared to 27% of Democrats and 25% of Independents. (See Figure 1.)

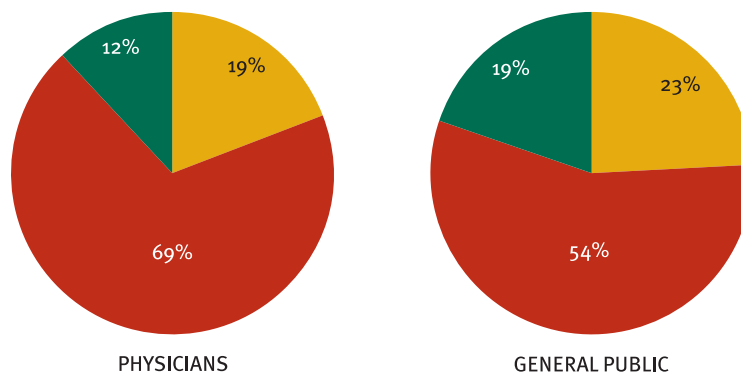
## Public Opinion is More Divided

Although physicians widely agree that substantial change in the healthcare system is needed, in contrast to the general public<sup>7</sup> or health policy leaders, physicians are less likely to perceive the need for a complete overhaul of the system, and also less likely to perceive that only minor changes are needed. (See Figure 2.)

**FIGURE 1: THE NEED FOR CHANGE AND POLITICAL AFFILIATION**



**FIGURE 2: PHYSICIANS’ AND GENERAL PUBLIC’S PERSPECTIVES ON NEED FOR CHANGE**



- **MINOR CHANGES:** The healthcare system in Arizona works pretty well and only minor changes are needed to make it work better.
- **MAJOR CHANGES:** There are some good things in our healthcare system, but significant changes are needed to make it work better.
- **COMPLETE OVERHAUL:** The healthcare system has so much wrong with it that we need to completely restructure it.

## Familiarity with Reform Measures

When asked how familiar they are with current healthcare reform measures that are being discussed by Arizona policymakers:

- 8% – Very familiar
- 37% – Somewhat familiar
- 43% – Not too familiar
- 12% – Not familiar at all

Some 55% of doctors indicated that they are either “not too familiar” or “not familiar at all.” In this case, political differences did not influence the degree of knowledge about the current debate, except for Independents, who tended to be the least familiar with reform measures.

At the same time, of the 45% of physicians who are “very familiar” or “somewhat familiar” with current healthcare reform options, a majority said that complete restructuring is needed. Among those who are “very familiar” with the measures, 38% said the healthcare system needs complete restructuring, compared to just 10% of doctors who are “not familiar at all” with the reform measures.

*“Whatever changes are made, it must be simpler. There [are] huge expenses that [go] toward dealing with the complexity of our health insurance system. That money would be better spent on care for people.”*

*“The healthcare system – hospitals, doctors, nurses, etc. – works better here than anywhere. It’s the healthcare financing system that is broken and so fundamentally flawed that it can’t be repaired the way it is.”*

*“We are the only professional group in the U.S. living in an isolated socialist economy, thanks to the mafia-like tactics of third party payers. We have no (or little) control over our reimbursements. Doctors are bitter and resentful – yet too overwhelmed by daily responsibilities to challenge the system.”*

## PRINCIPLES OF REFORM

Recognizing that no set of choices can fully capture all of the options and combinations thereof for improving the healthcare system, we asked physicians to select one of a series of dichotomous statements that came *closest* to their point of view:

- ▲ 43% – Everybody is entitled to the same level of health care; **OR**  
47% – Medical care is like everything else you buy – those who can pay more should be able to get something better.  
10% – Did not answer.
- ▲ 27% – People have the responsibility to be prepared for the high cost of serious illness or injury; **OR**  
62% – No one should be forced into financial ruin because of high medical expenses.  
11% – Did not answer.

▲ **43%** – Just like electricity, water or public education, we should ensure that all Arizonans have access to health care. Health care should be treated like any other public good: paid for by all residents, managed for the benefit of all residents and accessible to all residents; **OR**

**47%** – What we need in healthcare reform is to use the power of consumer spending to ensure that people get the health insurance they need. If people were directly responsible for buying their own insurance, the free market would result in insurers developing products to meet consumers’ expectations.

**10%** – Did not answer.

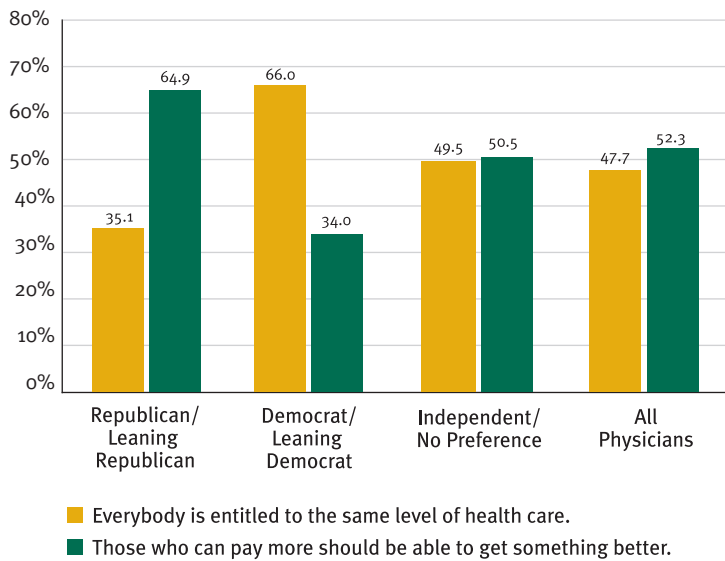
▲ **28%** – To help lower the cost of health care, the government should deal directly with insurers, hospitals and doctors to establish standardized fee schedules or other limits on what they can charge; **OR**

**56%** – To help lower the cost of health care, the government should give consumers tax incentives to buy health plans with high deductibles and co-payments, and encourage them to shop for the best value based on a comparison of price and quality among hospitals and doctors.

**15%** – Did not answer.

*“Most MD’s I associate with are very dissatisfied with state operated insurance plans. Most of these plans deny payment for a multitude of reasons, all loopholes so that MD’s don’t get their rightful payments and reimbursements. The system should be eradicated and started from scratch.”*

**FIGURE 3: DEFINING EQUITY: LEVELS OF HEALTH CARE**



- Physicians are closely divided on whether everyone should be entitled to the same level of health care, and whether healthcare reform should be market-oriented or addressed through government.
- With regard to the statements designed to get at their conception of equity, physicians slightly favored the consumer being able to purchase a better quality of health care if they can afford it (47%) to everyone being entitled to the same level of health care (43%).
- Political affiliation was closely correlated with answers to the equity statements, with 66% of Democrats and those who lean Democrat choosing the statement “everybody is entitled to the same level of health care,” compared to 35% of Republicans and those who lean Republican. Nearly half of those who said they have no political preference selected this statement. (See Figure 3.)

*“I believe everyone should have access to basic health care, but individuals should be able to buy better coverage or pay out-of-pocket. Fees should reflect actual costs [and] not be inflated to induce better insurance reimbursement.”*

- Ditto for gender, with 57% of women, but only 45% of men, choosing everyone being entitled to the same level of health care.
- By contrast, 64% of doctors whose annual income was greater than \$300,000 favored the statement allowing those with more money to purchase something better.
- Few differences existed on this set of statements among age groups, specialties or whether a physician practices in an urban or rural setting.
- The notion of equity was also evident in written comments which indicated a noticeable degree of support for a two-tiered system that would provide a basic level of care for all, while those with the desire – and the means – to purchase more care or coverage could do so.

## HEALTHCARE REFORM OPTIONS

Physician preferences for health system reform were elicited through two sets of questions.

In the first set, physicians were asked to rank five general healthcare system reform options from the one they preferred the most to the one they preferred the least:

- Create an employer “pay or play” mandate for health insurance coverage.
- Establish a mandate requiring all individuals to purchase health insurance.
- Expand eligibility for existing public health insurance programs.
- Create a system of “Medicare for all.”
- Maintain the current system.

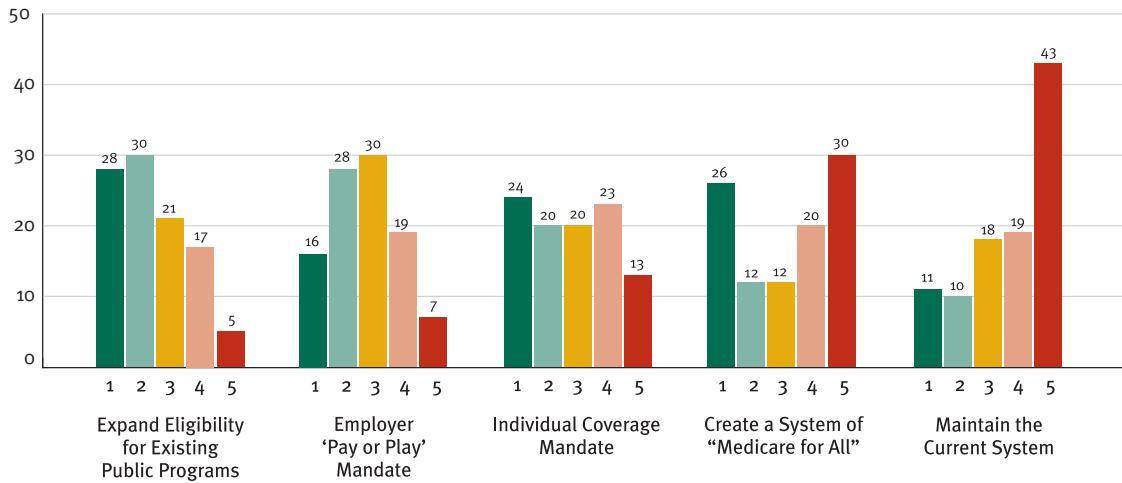
*“[A] basic level of health care should be available to all, but those who wish to purchase [a] higher level of care should be free to do so.”*

Figures 4 and 5 illustrate the priority rankings. Points of note, addressed in order of overall preference ranking:

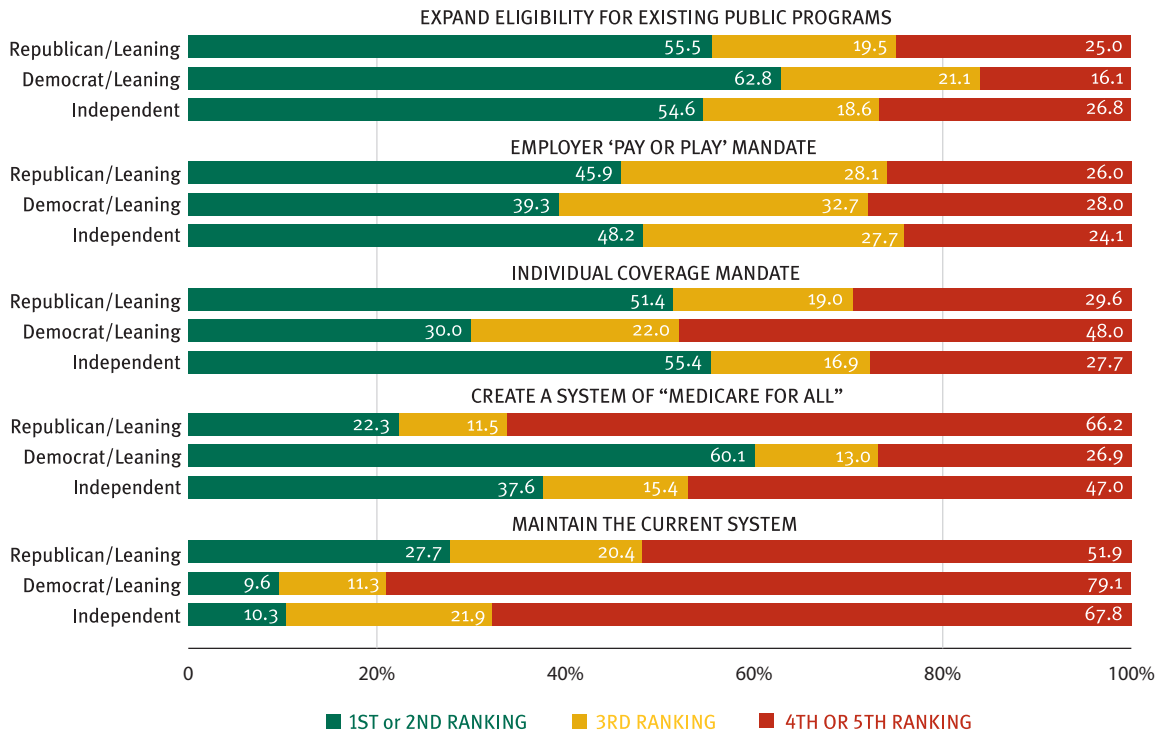
1. “Expand eligibility for existing public insurance programs” was the most preferred option with 58% of respondents choosing it as their first or second choice.
2. Overall, establishing an employer “pay or play” mandate was the second most favored option, with 28% actually ranking it second and an additional 30% ranking it third of the five options.
3. Establishing an individual mandate generated the broadest range of rankings, with 24% choosing it as the most favored option, 20% as second, 20% as third, 23% as fourth and 13% as their least favored of the five options.
4. Establishing a system of Medicare for all – a de facto single-payer system – generated the most dichotomous set of overall scores, with 26% ranking it as their most favored option, and 30% ranking it as the least favored option.
5. Maintaining the current system ranked as the least favored option among all physicians, with 62% ranking it fourth or fifth of the five options. This option was particularly unpopular among Democrats, 79.1% of whom ranked it as number four or five.

- The rank assigned to options also varied by political affiliation. Support for expanding existing public programs was relatively bi-partisan, while Democrats were more supportive of expanding existing public insurance programs (62.8%) or establishing a “Medicare for all” system (60.1%), and less supportive of maintaining the current system (9.6%). Republicans were more apt to prefer establishing an individual insurance coverage mandate (51.4%) or maintaining the current system (27.7%) than their Democrat colleagues. Support for establishing an employer “pay or play” mandate was also relatively bi-partisan. (See Figure 5.)

**FIGURE 4: PHYSICIAN RANKINGS OF SYSTEM REFORM OPTIONS**



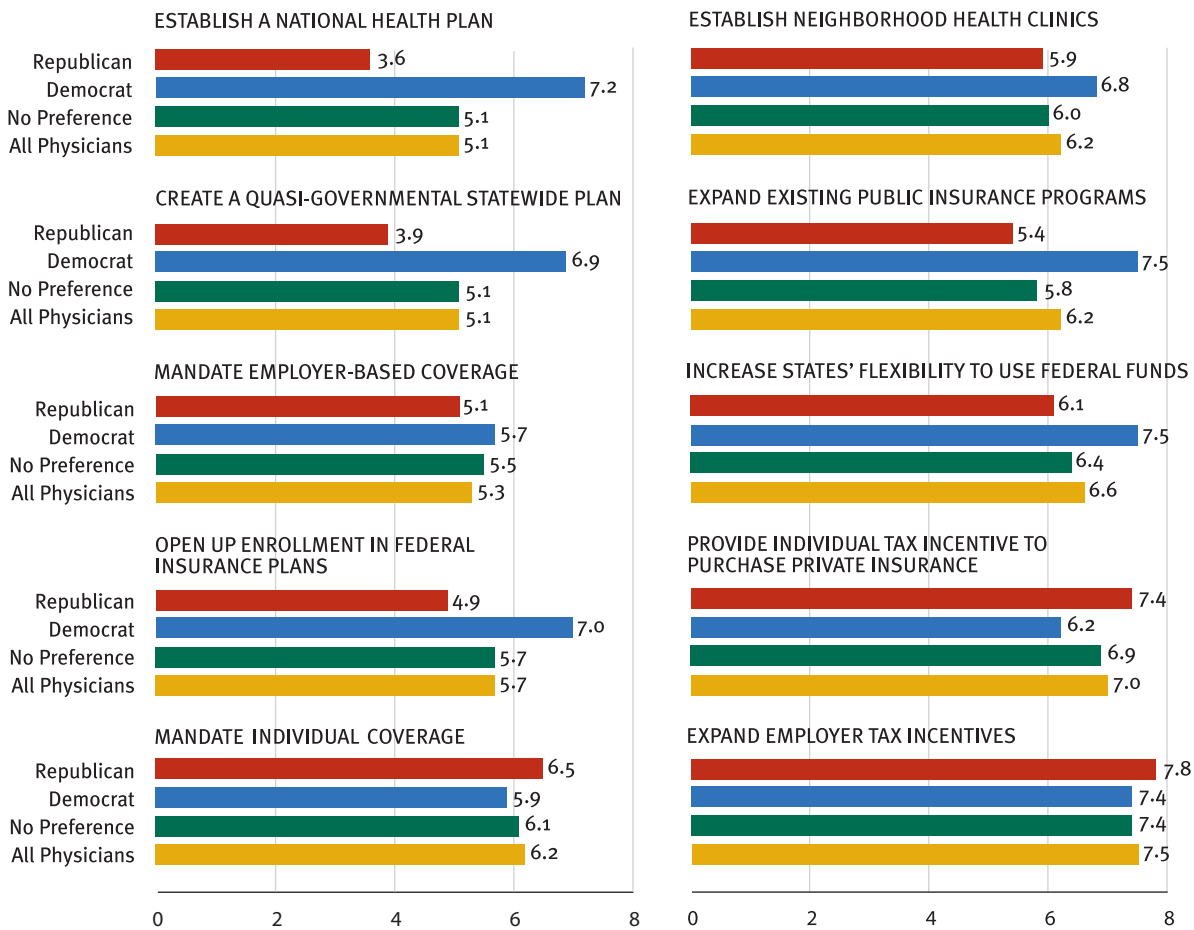
**FIGURE 5: PREFERENCE RANKING BY POLITICAL AFFILIATION**



In the second set of opinions on health system reform, respondents were asked to rate ten specific healthcare system reform measures using a scale of one to ten, with one indicating strong opposition and ten indicating strong support. (See Figure 6.) Points of note:

- Measures involving tax incentives received the highest ratings, while measures that would create a national health plan or a quasi-governmental statewide health plan rated the lowest, followed closely by an employer ‘pay or play’ mandate.
- Modest differences were found in comparisons by age and gender, but the most significant differences were correlated with political affiliation. Consistent with their views on the state of the system (shown in Figure 1), Democrats generally rated the reform options more favorably than Republicans, and were notably more favorable in their ratings of public-oriented measures. Overall, the mean rating for Republicans was 5.7, versus 6.8 for Democrats.

**FIGURE 6: RATINGS OF SPECIFIC HEALTHCARE REFORM PROPOSALS BY POLITICAL AFFILIATION**



\*\*Republican and Democrat categories include respondents who indicated "Independent – leaning Republican or Democrat."



## MEDICAL LIABILITY AS A HOT BUTTON ISSUE

Because physician support for tort reform is well established, the survey focused on the broader health system reform proposals currently under consideration at the state and federal level, which are primarily intended to either reduce cost or expand coverage.

Nonetheless, salience of the medical liability issue for doctors was evident. When given the opportunity to provide additional comments about health system reform issues and/or the professional role of physicians with regard to health policy, physicians most frequently mentioned their frustration with medical malpractice tort reform. Some representative comments:

*“We need tort reform in Arizona. We are either losing physicians who practice in high-risk specialties because of the current legal situation here, or they are retiring because of the high cost of malpractice insurance needed to practice here. Legislators need to listen to physicians, NOT lawyers or administrators.”* (emphasis in original)

*“Begin to control medical liability sharks!”*

*“I believe a major point not addressed here has to do with tort reform. If the legal system would be fairer and not allow frivolous lawsuits, then the cost of medical malpractice, etc., would decrease. This in turn could affect the overall cost of medicine.”*

*“A major issue not mentioned in this survey is our medical legal system. Most physicians see this as a major destructive factor. Personally, I feel it will drive me from medicine.”*

*“Tort reform will also be critical so physicians can practice real medicine rather than defensive (also very expensive) medicine.”*

*“I work harder each year and get paid less due to skyrocketing medical malpractice insurance (and I don’t have any claims against me yet) and decreased reimbursement. No professional organization in the world would allow their members to get less and less each year. The entire system is in shambles.”*

### A DIFFERENT SET OF PRIORITIES?

How do the opinions of Arizona physicians regarding system reform differ from other groups?

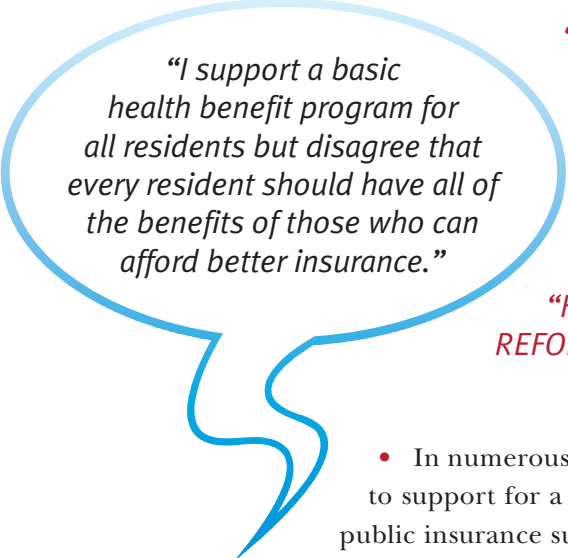
- Leaders from academia express support for single-payer models or broad expansions of Medicare.
- Leaders from the insurance industry and business community favor individual mandates, tax-supported subsidies and purchasing pools.
- Government and labor interest leaders favor employer pay or play mandates, a single payer system or a broad Medicare expansion.<sup>8</sup>

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## IN THEIR OWN WORDS

In addition to tort reform, which accounted for 14% of the literally hundreds of comments received, concerns about insurance industry practices (14% of comments) and the need for universal health insurance coverage (13%) topped the list.

- With regard to the insurance industry, physicians' concerns provide an interesting contrast to their preferences for system reform. Although reform preferences tended to favor improving the market for private insurance, a significant number of written comments reflected high levels of frustration and dissatisfaction with insurance companies:



*"I support a basic health benefit program for all residents but disagree that every resident should have all of the benefits of those who can afford better insurance."*

*"Get rid of the insurance industry. It is an immoral system. Insurance should not be tied to employment."*

*"[The] health insurance industry now denies access to care while generating huge profits for their CEO's. Their lobbyists control the representatives of the people, preventing real equity."*

*"Healthcare reform should take a back seat to INSURANCE COMPANY REFORM." (emphasis in original)*

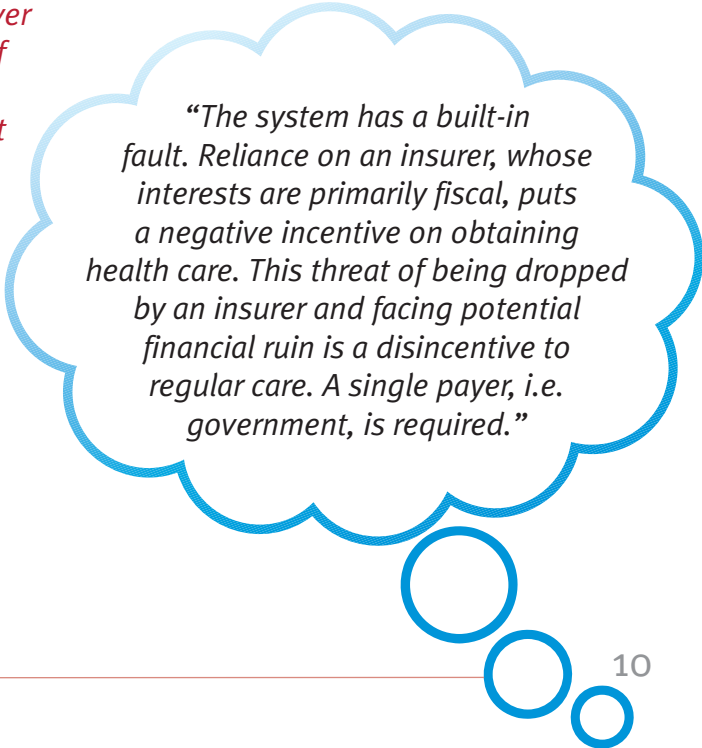
- In numerous comments, frustration with the private insurance industry was tied to support for a universal system, often in the form of a two-tiered system of basic public insurance supplemented by private insurance:

*"In general medicine is no longer a profession but the business of medicine. A one payer system financed by federal health insurance tax like S.S. taxes would spread cost to all, not like private insurance companies that want to cover only the healthy."*

*"I have become skeptical that national health reform will ever achieve the momentum necessary to overcome the lobby of private medicine (insurance, pharmaceutical, etc). I think states are going to have to do what the federal government can't through various reforms and experiments. Good luck to the poorer states and those like ours who continue to send legislators who think state government shouldn't be in the education and health care business."*

*"A two-tier system to make sure everyone [is] covered with basic, appropriate health coverage, and those who want to pay more can utilize medical services at a 'higher' plateau."*

*"[I] favor basic health coverage for all with better coverage for those willing to pay more."*



*"The system has a built-in fault. Reliance on an insurer, whose interests are primarily fiscal, puts a negative incentive on obtaining health care. This threat of being dropped by an insurer and facing potential financial ruin is a disincentive to regular care. A single payer, i.e. government, is required."*

*“I think government (federal) should provide basic preventive public health and catastrophic medical care, like that of defense or homeland security. But, the consumer should pay and have choice for other care, either out-of-pocket or through insurance.”*

*“I don’t feel qualified to answer questions concerning healthcare reform because I’m sure there are numerous pros and cons to each option which I’m not aware of. I do know as a physician that it is difficult to make decisions in the best interest of your patient when you’re worried about how the family will pay the bill.”*

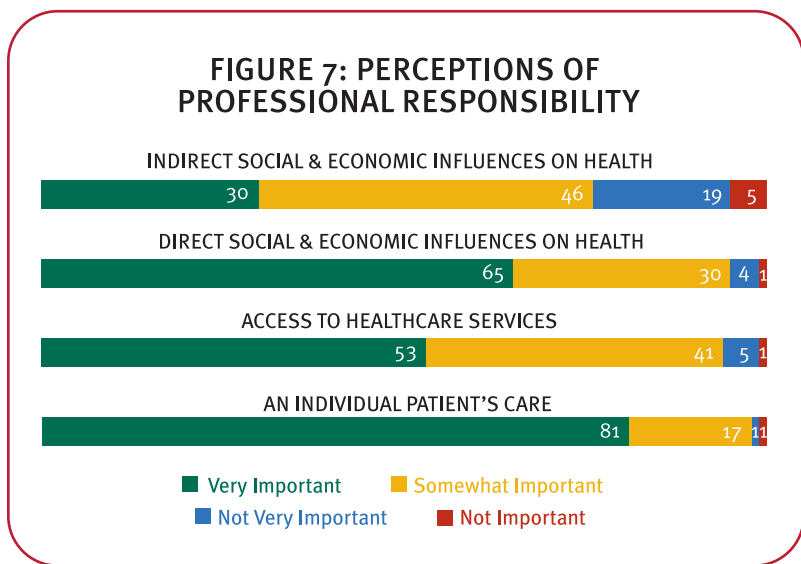
*“Before considering the many nuances of how and what to reform, our society must accept or reject the concept of health care as a right or privilege. If it is a right, then society must support it and become MUCH MORE focused on prevention and primary care, where incentives must be created to shift the dominance of specialty/procedure based/crisis care back to primary/preventive care.”*

## PROFESSIONAL RESPONSIBILITY, PROFESSIONAL ADVOCACY & PROFESSIONAL ENGAGEMENT

### Professional Responsibility

Physicians, like most of us, have opinions about how best to reform the health-care system, and also like the rest of the population, those opinions vary widely. As business owners (64% of physicians work in group practice arrangements, generally as co-owners), physicians are also purchasers of insurance coverage for themselves, their families and, presumably, the staff they employ. What distinguishes physician opinion from the larger population is the unique role they play as clinical leaders, patient advocates and professionals whose scope of practice is afforded legal protection by society. Professional licensure offers physicians professional protection for a scope of practice which others may not infringe upon, and which has historically been accompanied by an expectation of some degree of social responsibility. Over the course of history, this notion of social responsibility has been embodied in the Hippocratic Oath, and in more recent conceptions of professional responsibility that encompass the promotion of health system

improvements, the removal of barriers to care and involvement in addressing socioeconomic factors that are associated with poor health outcomes.<sup>9</sup>



To explore Arizona physicians’ perspective on professional responsibility with regard to community participation, political involvement and collective advocacy, the survey asked about each of these issues. Not surprisingly, the vast majority of physicians said it is either “very” or “somewhat important” (81% and 17%, respectively) for physicians, either individually or collectively, to advocate for an individual patient’s care. Most physicians also agree that it is important to advocate for access to healthcare services (53% said “very important” and 41% said “somewhat important”) and direct social and economic influences on health such as reductions in

obesity, air pollution and tobacco control (65% said “very important” and 30% said “somewhat important”).

Agreement also exists on the importance of advocating for indirect social and economic influences on health such as reducing unemployment or increasing minimum wage. Thirty percent indicated that advocating for indirect social and economic influences was “very important;” 46% said it was “somewhat important.” (See Figure 7.)

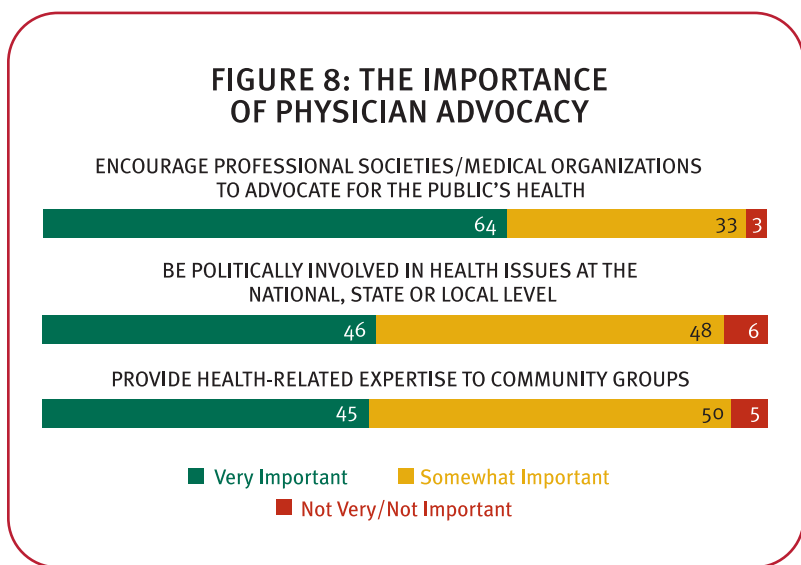
Views on advocacy were generally consistent across demographic groups, although some differences in opinion emerge by age group and political affiliation. Older physicians, ages 61 and older, tend to consider advocacy as more important than their younger counterparts. For example, 65% of those at least age 61 said that advocating for access to healthcare services is “very important” compared to 51% of those ages 60 and younger. And, 65% of Democrats consider such advocacy to be “very important” while only 46% of Republicans agreed.

## Professional Advocacy

Beyond advocacy for addressing factors that influence health at the individual level, physicians also indicated that it is important for them to be involved in their communities. Nearly two-thirds (64%) said it is “very important” for physicians to encourage medical organizations to advocate for the public’s health, and the other third (33%) said it is “somewhat important.” Answers varied only slightly among demographic groups. Similar percentages of physicians gave those answers to providing health-related expertise to community organizations. The importance of community advocacy was lower when it came to individual actions. Forty-six percent responded that it was “very important” for physicians to be politically involved in health-related matters, and 48% said that it was “somewhat important.” Again, older physicians (55%) tended to consider this activity more important than younger clinicians (41%). (See Figure 8.)

## Physicians’ Professional Political Activity and Civic Engagement

The high percentage of physicians who consider both individual and community-level advocacy for health to be part of their professional responsibility begs the question of their actual involvement in such activities. Figure 9 shows the percentage of respondents who have engaged in various activities consistent with their professional role. More than half (56%) of physicians provided health-related expertise to local community organizations in the past several years (14%



“frequently” and 42% “occasionally”). Similarly, half (50%) of respondents have been politically active in health-related matters at the local, state or national levels in the past several years (13% “frequently” and 37% “occasionally”). Older physicians are somewhat more politically active than younger doctors. When asked about their level of political activity, 18% of respondents over age 60 reported having “frequently” been politically active and just 19% have never been politically active. In comparison, just 10% of those ages 45 and younger have “frequently” been active, while 31% have never been active.

Among all physicians, 10% have “frequently” encouraged their medical professional societies to

address public health or policy issues that are not concerned with physician welfare, and an additional 31% have done so “occasionally.” Approximately one third (37%) of physicians indicated that they have “occasionally” spoken with patients to influence their opinions about the healthcare system; a quarter (25%) said they have “frequently” spoken with patients about the healthcare system. Answers to these questions varied little among demographic groups.

## ABOUT THE SURVEY AND RESPONDENTS

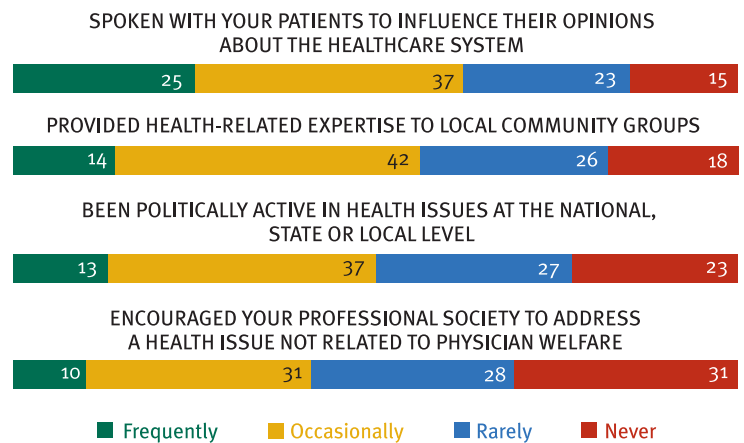
The Arizona Physician Survey on Health System Reform was conducted between June 21 and September 1, 2007 using both mail and online response options. The survey instrument was developed by SLHI based on modified versions of The Open Society Institute’s Medicine as a Profession (IMAP) Survey on Medical Professionalism;<sup>10</sup> The Center for Information and Research on Civic Learning and Engagement’s (CIRCLE) Index of Civic and Political Engagement;<sup>11</sup> the Arizona General Public Survey, 2003;<sup>12</sup> and, Gruen, et al, *Public Roles of U.S. Physicians* survey (2006).<sup>13</sup> The Institute for Social Science Research at Arizona State University managed the data collection process. The final questionnaire and overall research design were reviewed and approved by the Arizona State University Institutional Review Board.

The initial sample consisted of 4,000 randomly selected allopathic (2,200) and osteopathic (1,800) physicians derived from the American Medical Association (AMA) Masterfile (including both active and retired allopathic doctors in all areas of practice, regardless of their membership in that organization), and from the list of osteopathic medical doctors maintained by the Arizona Board of Osteopathic Medical Examiners. Osteopathic doctors (DOs) were over-sampled to ensure adequate representation of that group, and data were subsequently weighted to reflect the actual populations of MDs and DOs in Arizona.

An initial mailing was sent to 3,600 physicians, consisting of a cover letter, questionnaire and postage-paid return envelope, along with a two-dollar bill as a token incentive to participate in the survey. Invalid addresses were replaced from the remaining 400 in the original sample in the two weeks following the initial mailing. A second questionnaire was mailed to non-respondents four weeks after the initial mailing, and a single follow-up letter encouraging participation was sent two weeks after that. The first two mailings included both a questionnaire and postage-paid envelope, and noted the availability of the online response options, while the third letter referred potential respondents to the website only. Physicians who did not respond to the survey, and for whom the ISSR had valid phone numbers, were phoned in the last two weeks of the data collection period and reminded about the survey.

In total, 3,330 physicians with valid sample addresses received the survey and 1,054 physicians completed it resulting in a response rate of 32%.<sup>14</sup> Questionnaires returned by mail numbered 986, and 68 physicians completed the survey online. The overall margin of error is plus or minus 2.9%.

**FIGURE 9: POLITICAL ACTIVITY OF PHYSICIANS**



## Respondents

The overall characteristics of respondents mirror almost exactly the characteristics of physicians throughout the state.<sup>15</sup> (See Table 1.) Approximately 76% of the respondents were men, and 84% practice in an urban area.<sup>16</sup> Physicians over the age of 60, including those who may be retired (6% of respondents), accounted for 23% of respondents, while those between the ages of 45-60 accounted for 44% of the total, and those under the age of 45 accounted for the remaining 28%. Thirty-nine percent practice in solo practices or small groups with fewer than five physicians, and an additional 14% are in a group practice with five to 20 physicians. Together, the small to mid-sized groups account for 53% of survey respondents.

A plurality of respondents (33%) indicated primary care as their area of practice, while almost equal numbers of respondents indicated a medical (20%), surgical (16%) or hospital-based (19%) specialty. Just over half of respondents (52%) indicated a net annual income of less than \$200,000, while 15% reported incomes of more than \$300,000. A plurality (28%) of respondents said that their 2006 income was “about the same” as their income several years ago. A quarter (25%) made “significantly” or “slightly more” income in 2006 than in previous years while a third (34%) made “significantly” or “somewhat” less income in 2006 than in previous years.

**Table 1. Characteristics of Physician Respondents (n = 1,054)**

<b>Physician age in years</b>	<b>Survey Respondents</b>	<b>Primary Practice Setting</b>	<b>Survey Respondents</b>
Under 45	28%	Hospital	19%
45-60	44%	Community Clinic/Public Health	7%
Over 60	23%	Staff-Model HMO	1%
Did Not Answer	5%	Solo/Small Group (<5 physicians)	39%
		Mid-Sized Group (5-20 physicians)	14%
		Large or Multi-Specialty Group	10%
		Other/Unknown <sup>17</sup>	10%
<b>Gender</b>		<b>Net Income from All Sources</b>	
Male	76%	Less than \$150k	29%
Female	23%	\$150 – 199k	23%
Did Not Answer	1%	\$200 – 249k	14%
		\$250 – 300k	8%
<b>Specialty</b>		Over \$300k	15%
Primary Care	33%	Did Not Answer	11%
Surgical Specialties	16%		
Hospital-Based Specialties	19%		
Medical Specialties	20%		
Other/Unknown	5%		
Retired	6%		



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### **Our Mission**

*To improve the health of people and their communities in Arizona, with an emphasis on helping people in need and building the capacity of communities to help themselves.*

## REFERENCES

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- 12 Findings from this survey are reported in *Arizona CAN: Coverage and Access Now*. St. Luke's Health Initiatives; Phoenix, AZ. Available online at: [http://www.slhi.org/publications/issue\\_briefs/pdfs/ib-04winter.pdf](http://www.slhi.org/publications/issue_briefs/pdfs/ib-04winter.pdf).
- 13 Gruen, et al. (2006).
- 14 Response rates to surveys of physicians are generally about 10% lower than surveys of non-physicians, and recent studies indicate that they may be declining further. Physician surveys that are tied to license renewal or clinical appointment (e.g., staff privileges) generate significantly higher response rates than surveys that are independently administered. Recent studies have indicated that response rates may be slightly higher with an initial mailing of a self-administered form followed by a web survey, and neither method was associated with response bias. For more information on this subject, see Beebe, et al (2007) in *Health Services Research* 42:3, Part I; p. 1219-34.
- 15 Rimsza, Mary E., William G. Johnson, Mark Speicher and Michael Grossman. (2006) *The Arizona Physician Workforce Study: Part II, 1994-2005*. Available online at: [http://chir.asu.edu/publications/documents/publication\\_25.pdf](http://chir.asu.edu/publications/documents/publication_25.pdf).
- 16 Urban areas include Maricopa and Pima counties, although it is understood that even these counties have large areas that are rural or semi-rural in nature. More importantly, all 15 counties were represented by the survey respondents, roughly in proportion to the geographic distribution of physicians throughout the state.
- 17 "Other" practice settings included correctional health, academic/research, long-term care/hospice and government institutions.