

Results of the “Brain Drain” Survey in Humboldt & Del Norte Counties 2002 - June  
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### **Introduction**

Recently, all of the physicians in Humboldt & Del Norte Counties (society members and non-members alike) received a questionnaire concerning our satisfaction with the current status of our medical practice, as well as our future plans. Well, the results are in, and, as one might expect, they are not too encouraging, although not as bad as one might think, judging by some of the conversations I’ve heard in doctor’s lounges.

A few caveats before I get into the analysis of the data. Although the questions seemed innocuous enough when designed, they (or the format they were in) were not amenable to quantitative analysis, i.e there were some methodological problems in the design of the questionnaire.

Not all of the respondents answered all of the questions. Therefore, the percentages for each category were determined only by the number of people who responded to that particular question, and not the entire cohort. Also, question #3 (What is the source(s) of your dissatisfaction; the whole point of the survey, in my opinion) was so poorly written that many of the respondents didn’t answer the question the way it was designed. Some people gave a 5 to their highest dissatisfaction (when a 1 would have been what they wanted to put down); some people put only ✓ marks where a number was required, and other people only listed 5 choices in order, rather than giving each choice a number from 1-5. I therefore, threw out question #3, although some trends could be ascertained (discussed below). If we re-do this survey, that question will have to be re-written to be more clear.

### **Demographics of Respondents**

Of the 350 physicians in Humboldt and Del Norte Counties we received 83 responses (24% response rate), which is excellent. Especially for a group that has enough paper work to deal with on a daily basis. Of the respondents, 94% are in active practice, and 6% semi- or completely retired; 93% are from Humboldt County and 7% from Del Norte. 35% of us are in groups of 1-2; 26% in groups of 3-5; 18% in groups of 5-10; 12% in groups of 10-20; 5% are employed by the government; 3% in administrative medicine and 1% are in clinic practice.

### **Work Hours & Sources of Revenue**

We’re currently averaging 49.43 hours per week of work. For 45% of us, this represents a 16.94% increase in the number of hours we work when compared to our work hours in 1995. For the other 55% of us, this represents a 24.26% decrease in the number of hours we work. 71.4% of our work life is in direct patient care as opposed to 80.2% five years ago. We now spend 21.4% of our time doing paperwork as opposed to 13.6% five years ago. (The numbers don’t add up to 100% because not everyone answered all the choices; see above.)

Our source of patient revenue is (in descending order) 36.9% Medicare; 24.3% Private PPO.; 22.5% Medi-Cal/Healthy Families; 13% Private Fee-for Service; 12.7% Private HMO; 7.8% Uninsured (I’m not sure how this differs from Fee-for-service), and 6.4% Out of pocket (co-pays & deductibles). Apparently, doctors can’t add very well, since all these numbers add up to 123%, an obvious impossibility.

## **Job Satisfaction**

Now, to the heart of the matter—do we like what we’re doing? 64.6% of us find medicine less satisfying than it was 5 years ago. 9.8% of us find practice more satisfying and 25.6% find it about the same. Whether or not we are enjoying what we’re doing 68.7% find patient relationships our greatest source of satisfaction; 38.5% are most satisfied by living in Humboldt-Del Norte Counties; 19.3% enjoy their practice environment the most; 7.2% enjoy the income and 4.9% are in it for other reasons. The numbers add up to way more than 100% because many respondents checked more than one choice. No matter. Approximately 2/3 of us are here because of the patients.

Although it’s the patients that we find the most rewarding, 36% of us are spending less time with patients now than we did five years ago. 3% of us are spending more time and the remaining 61% of us are spending the same amount of time as we did five years ago. The reasons given for spending less time were varied, but some representative responses were: “I’m forced to see more patients quicker for more money;” “There are more patients to see;” “There’s little time to do Family Medicine;” “I would not be able to change how I practice and still be happy with medicine—I just make much less money as a consequence;”

Although the data are so scrambled that it is impossible to quantify our sources of dissatisfaction (see above) it seems that our three greatest sources of dissatisfaction are Low Reimbursement, Government Regulation and the “On-Call” schedule. Our next 3 sources of dissatisfaction are (in semi-quantitative order): Loss of autonomy, Managed Care Plans and High Practice Expenses. Finally, Not being able to spend time with patients, long hours, and choice of hospitals round out our sources of dissatisfaction.

## **Low Reimbursement**

Obviously, the big question: how much (or little) are doctors actually making? For the people who cared to answer, we’ve experienced approximately a 20% decrease in income over the past 7 years. Because of the loss of income there have been changes in our consumer debt burden: 42% of us have actually decreased our level of debt while 38% of us have more debt, 10% have much more debt and 11% have about the same amount of debt as we did in 1995. But most of us (81%) are still able to meet normal expenses such as health insurance or children’s college funds. 90% of us have a retirement fund, but it seems inadequate. Comments such as: “It’s very small;” “Yes, but I haven’t been able to contribute for the last 3 years,” seem the norm. Only about 1/4 (24%) have an outside source of income that helps subsidize the loss of income we’ve experienced in our practices. Most of the outside income comes from a working spouse.

## **Government Regulation**

A whopping 94% of us feel that California Reimbursement levels and the current regulatory environment negatively impact the quality and availability of medical care. We received 192 responses as to which reimbursements/regulations hurt us the most. Medicare/Medi-Cal lead with 29% of responses citing those particularly low levels of reimbursement. Managed Care came in second with 19%. Insurance cut backs are third with 17%, unfunded mandates at 15%, HIPAA and RBRVS at 8% apiece, and finally CLIA regulations at 5%. Comments elicited were probably the angriest of the entire survey: “. . . Is it possible to practice medicine without going to jail?;” “There are more hassle factors. Reimbursements being low does impact availability.”

## Practice Environment

Currently, the average malpractice premium is \$7801.09/year. However, the range is extremely wide from a low of \$0 to a high of \$65,000 per year. Unfortunately, these premiums were not broken down by medical specialty, but the median premium is less than \$10,000 per year, which probably represents mostly family practice, and the higher premiums are the surgical sub-specialties.

For a variety of reasons 76% of us have had difficulties attracting physicians to join our practices. 34% cite our relative remoteness as the primary reason we can't get new physicians up here. 31% cite low income, 14% cite a poor practice environment; 9% cite high levels of medical school debt, 8% cite the lifestyle/lousy weather, and only 3% cite a high cost of living as reasons for not getting people to come up here.

Part of the practice environment is a relative lack of certain specialties. We feel (no matter what federal and/or state guidelines may state) that we have shortages in 26 different areas. There were 173 responses to this question, and the responses are listed below:

Neurology	12%
Dermatology	12%
Endocrinology	9%
Infectious Disease	9%
Gastroenterology	8%
Psychiatry	8%
Urology	8%
Neurosurgery	7%
Primary Care	6%
Orthopedics	3%
Cardiology	3%
Otolaryngology	2%
Anesthesiology	1.7%
Internal Medicine	1.7%
Oncology	1.7%
Pain Management	1.7%
Allergy	1.2%
Addiction, Immunology, Nephrology, Occupational Medicine, Pediatrics, Pediatric Sub-Specialties, Pulmonology, Radiology and Rheumatology	0.5% apiece

## Conclusion (What the Future Holds)

Before getting to the conclusions I seriously recommend that the questionnaire be redesigned (the questions are good, but the design was poor) and the survey be re-done. Most of us get hundreds of faxes per day, and really don't read this stuff very carefully. The instructions should be very explicit ("answer only one choice," or "answer more than one"), and possibly shorter. It might also help if, rather than faxing the questionnaires, some other method of data collection was used: phone calls, requests for volunteers via e-mail, mailing the survey to office managers and having them pester the doctors with the questions, or some other method.

Despite the fact that this was an unscientific sampling of the local physicians, and there were some serious methodological problems with the survey, some very disturbing trends were elicited. When asked if we could turn back the clock, would we still choose medicine as a career 53% of us said “Yes” and 47% said “no.” However, only 28 people responded to that question. However, of those of us who said, “yes,” the overwhelming majority (87%) are pleased with being up here on the North Coast. Even though slightly over half of us would choose medicine all over again, only about 17% of us are advising our children to choose medicine as a career, and only half of them would advise setting up practice in California.

For those of us who are dissatisfied with medical practice: 57% of us are planning on reducing the amount of time spent in direct patient care; 42% of us are planning on retiring earlier than planned; 17% are planning on changing careers; and 14% are planning on moving out of state to a better practice climate. I know this is more than 100%, but, as I said, there were some serious methodological problems with the survey.

What this survey seems to indicate, in spite of its limitations, is that while there may be a high level of discontent, most of us are going to shoulder on and do what we were trained to do, attempting to make the best of an increasingly worsening situation. Overall, while we may be dissatisfied with practice in California, we do like practice up here on the North Coast. Maybe because we’re so remote we feel like we have a bit more freedom to discuss issues and 77% of us discuss these issues with our patients, a good chance to both ventilate and educate.

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