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CSMS issues Physician Workforce Survey report

Data show patient access to care is in decline

(Waterbury) – The Connecticut State Medical Society today issued the final report on the Connecticut Physician Workforce Survey 2008 in the October issue of the journal *Connecticut Medicine*. The report is the first of its kind in Connecticut, polling physician perceptions about their careers and practices and exploring their impact on patient access to medical care. What emerges from the research conducted by the Institute for Public Health Research at the University of Connecticut Health Center is a snapshot of a health system in deterioration which could be affecting citizens' access to medically necessary care.

"For years, we've been sharing stories of physicians leaving Connecticut or retiring early, but until now, we have not had any valid research to prove it," said CSMS Immediate Past President Angelo S. Carrabba, MD. "We conducted this survey and put it through the rigors of peer review because we need decision-makers and policy-makers to have a statistically valid picture when they discuss reforming Connecticut's health care system."

Universal Health Care Foundation of Connecticut provided financial support for the study, which polled 1077 physicians in 17 specialty areas. The results show that 19% of responding physicians are contemplating a career change and 10% plan to leave the state because of Connecticut's practice environment. At the same time, 47% of physicians reported increasing their hours while new patients wait an average of 17 days for an office visit statewide and longer in Hartford, Middlesex, New Haven and Windham counties. Overall, 38% of physicians said they have cut back on high-risk procedures they perform.

"Assuring there is an adequate supply and the right mix of physicians will be crucial if we are to provide quality, affordable health care to everyone in our state," said Juan A. Figueroa, President of Universal Health Care Foundation of Connecticut. "This survey shows us where some of the shortages and potential shortages may lie, as well as gives us valuable information about physicians' opinions about health care reform."

The challenges in Connecticut's practice environment include professional liability rates, and the administrative requirements of medicine tied to managed care constraints. The physicians surveyed were less than "somewhat likely" to recommend a colleague practice in our state. Not surprisingly, it is taking months and even years to recruit new physicians in specialties such as urology, orthopedic surgery and neurosurgery. Overall, 35% say it is "very difficult" to recruit new

physicians, with those in Litchfield, New London and Windham counties describing the most difficulty.

Connecticut physicians today are having trouble obtaining referrals for their patients. In particular, 90% of emergency physicians and 72% of pediatricians – those which make a very high frequency of referrals to other doctors – report having more difficulty obtaining referrals over the past three years. Some barriers to making referrals, in order, are health plan restrictions, supply of physicians in certain areas, reimbursement rates and malpractice concerns.

"The Connecticut population is aging and so are Connecticut physicians. It's clear we don't have an adequate supply of physicians now, let alone when they retire," said CSMS President William A. Handelman, MD. "One of my own partners of over 20 years has just left Connecticut for a state with a better climate for practicing medicine than we have. This survey shows that it's affecting physicians and their interest and ability to practice in Connecticut -- and therefore affecting their patients."

"The survey illustrates that at a time when Baby Boomers are reaching retirement age, Connecticut is failing to recruit the highly skilled younger physicians it needs to continue to provide care to a graying population," Handelman said.

The study asked physicians their opinions of various health care reform concepts, data that CSMS will make available to lawmakers as they debate and make decisions about changes in the health care system. Physician respondents were supportive of creating a large insurance pool to cover the uninsured, those on public insurance programs and others; and of expanding current safety-net programs. Physicians were equally divided in the support of or opposition to a single-payor program to cover all Connecticut residents. Their responses suggest that Connecticut physicians feel that some sort of system reform is necessary, though its ultimate form is not yet clear.

The final report on the Connecticut Physician Workforce Survey 2008 will provide the basis for CSMS 2009 legislative initiatives and be distributed to all members of the General Assembly, executive branch agencies contacts as well as other key stakeholders and policymakers in the hope that they will use this research when making critical decisions about the future of medicine in Connecticut.

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Connecticut Physician Workforce Survey 2008: Final Report on Physician Perceptions and Potential Impact on Access to Medical Care

Executive Summary

As elected leaders turn more attention to the issue of health care reform, the Connecticut State Medical Society has been hampered in its discussions by a lack of statistically sound research illustrating the status of the state's health care system and notably physician-based medical care. Following a 2007 poll of member opinions on issues of the day, CSMS partnered with the Universal Health Care Foundation of Connecticut to issue the first physician workforce survey of its kind in the state.

The seven-page self-administered survey sought physician opinions on a broad range of issues ranging from satisfaction with their chosen career to the kinds of challenges they face in caring for Connecticut's citizens and how those challenges affect patients' access to quality medical care. Surveys were completed by 1077 physicians in 17 specialty areas spread across the state's eight counties, of varying ages. A majority (51%) is in solo practice or groups of five or fewer physicians, and 57% were self-employed. The Connecticut Physician Workforce Survey 2008 is based on an overall response rate of 26.9%. Estimates presented in the tables were weighted to reflect the relative numbers of physicians in the state in each specialty area and data were analyzed using SPSS 16.0.

Analysis

If Connecticut's health care system is comparable to a house, physicians are its foundation. Based on the snapshot obtained through this survey, there are cracks in the foundation that could put the long-term structural stability of the state's health care system in serious jeopardy. Deteriorating patient access to quality medical care is already becoming apparent across Connecticut.

- 19% of physicians indicated they are contemplating a career change because of the practice environment in Connecticut. 10% plan to leave the state because of the practice environment.

- More than 90% of respondents in Litchfield, New London and Windham counties reported recruiting physicians was very or somewhat difficult.

- 47% of surveyed physicians increased their work hours seeing patients over the course of the last three years. Physicians in urology, neurosurgery and oncology responded that they increased their work hours substantially above the norm.

- 32% of payments to physicians surveyed came from Medicare; 13% of payments came from Medicaid/HUSKY; and 7% of care was delivered for free.

- 40% of respondent physicians said they are providing fewer high-risk procedures and 34% are seeing fewer high-risk patients due to professional liability concerns.

- 90% of emergency room physicians and 72% of pediatricians – specialties that make the most referrals and see high rates of uninsured or underinsured patients – indicated that it has become more difficult to obtain referrals and consultations.

- The longest mean average wait time for new-patient office visits was 24 days, reported in Windham County, which also reported the biggest reduction in provision of high-risk services, the second-largest reduction in care of high-risk patients and the highest percentage of physicians contemplating a career change.

- Physicians were supportive of creating a large insurance pool to cover the uninsured, those on public insurance programs and others; they were equally supportive of backing expanding current safety-net programs. Physicians were equally divided in their support for and opposition to a single-payor program to cover all Connecticut residents.

Many of the findings in this survey cry out for additional research. However, the Connecticut Workforce Survey 2008 provides valuable, never-before-available information about the reality of practicing medicine in Connecticut. Physicians are working more while patients are waiting weeks for appointments. Doctors are cutting back on seeing some of the patients who need them the most because of the professional liability climate. Practices are having a harder time recruiting colleagues to work here. Increased specialization and sub-specialization mean physicians are less interchangeable than they once were; bare totals of the number of physicians in an area do not paint an accurate picture of patient access to medically necessary care.

It is hoped that this report will help open the door to some reforms which are legislative in nature. The professional liability situation is depressing the availability of physicians and procedures for Connecticut patients. This is where common-sense reform that respects both patients and physicians would be most welcome. To increase physician retention and recruitment, CSMS has advocated student loan forgiveness and forbearance in exchange for practicing in Connecticut's most fragile areas.

When decision-makers look at system-wide reforms for health care, this report will serve as a roadmap to highlight the needs of physicians and patients to achieve meaningful improvements. This study is intended to assist them in gaining a better understanding of the issues impacting physician retention and recruitment and how best to proceed in making decisions about adjustments to the health care system to ensure quality care for all of Connecticut's citizens. If nothing is done now, it is possible that in a few years, those physicians who indicated an interest in retiring or leaving the state will have done so with no one to take their place, jeopardizing the availability and quality of medical care provided to Connecticut's citizens.

Connecticut Physician Workforce Survey 2008:

Final Report on Physician Perceptions and Potential Impact on Access to Medical Care

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Connecticut Physician Workforce Survey 2008: Final Report to the Connecticut State Medical Society

INTRODUCTION

There is very little information available on the physician practice environment in Connecticut. Initial research done by the Connecticut Economic Resource Center in 2005 suggested some disconcerting trends tied to physician availability and access to medical care in Connecticut.[1] However, more research was clearly necessary before making any scientific judgments as to whether or not Connecticut was actually facing the prospect of a physician workforce shortage that would have a negative impact on access to medical care.

Chartered in 1792 by the Connecticut General Assembly, the Connecticut State Medical Society (CSMS), a federation of eight component county medical associations with more than 7,000 physician and student members, is intensely interested in the perceptions of Connecticut physicians regarding the practice environment and its impact on access to the medical care they provide. The mission of CSMS is to serve both its physician members and their patients, the citizens of our state, by advancing the medical knowledge of all physicians and protecting the public health.

In 2007, CSMS, with funding provided by the Pharmaceutical Research and Manufacturers of America (PhRMA), engaged enetrix, a survey solutions company, to complete a member opinion survey on perceptions about the medical society, other organized medical societies and associations, and to a certain extent, the environment in which physicians practice in Connecticut.[2] This initial survey of a stratified sampling of full-time practicing physician members of CSMS found that physicians in Connecticut were very concerned about the continuing and future impact on their practices of the challenges posed by the financial and administrative pressures of managed care, medical liability rates and threats of malpractice suits, technology changes, health care reform and scope of practice issues. In fact, some of the key results of the survey suggested that physicians were increasingly concerned about how the larger practice environment, particularly financial pressures, the demands of new technology (such as electronic medical records (EMR) systems), the medical liability environment, and larger reforms to the health care system, could impact their ability or their continued desire to provide medical care in Connecticut.

As a result of these initial findings as well as anecdotal evidence of growing discontent in the physician community regarding medical liability rates, managed care reimbursement, referral difficulties, on-call burdens, the complexities of practice management, and recruitment and retention of new physicians, CSMS, with financial support and assistance from the Universal Health Care Foundation of Connecticut (UHCF), initiated the Connecticut Physician Workforce Survey. The purpose of this study was:

- ✧ to assess Connecticut physicians' satisfaction with their careers in medicine and their lives as physicians;
- ✧ to identify problems associated with the supply of physicians in certain specialty areas in Connecticut, to determine possible causes of those problems, and to assess their potential impact on patients' access to care;
- ✧ to examine the professional liability environment in Connecticut and assess its relationship to practice patterns and patients' access to care;

- ✧ to examine physician opinions on health care reform, and specifically, initiatives to improve access to medical care, and;
- ✧ to examine the use of technology in Connecticut physicians' practices.

METHODS

Sample and Study Design.—CSMS, with financial support from UHCF, conducted a statewide survey of practicing physicians in 18 specialty areas from April to July of 2008. A systematic probability sample containing 4,000 physicians with full and active Connecticut licenses and a Connecticut business address was drawn from databases compiled by CSMS from three sources: Connecticut State Medical Society 2008 Membership Database; Connecticut and Rhode Island Twenty-Fourth Edition 2008 Folio Physician Directory; and Connecticut Department of Health Physician Profile. This combined database provided a sampling frame that was as diverse and comprehensive as possible in representing the demographics of practicing physicians in Connecticut, which includes physicians practicing in rural and urban settings, as well as physicians who practice often or exclusively in hospitals. Our goal was to collect information on all specialty and sub-specialty categories of physicians in the state that would yield sufficient numbers for analysis. Accordingly, physicians specializing in anesthesiology, cardiovascular diseases, dermatology, emergency medicine, family medicine, gastroenterology, general surgery, internal medicine, neurology, neurosurgery, obstetrics and gynecology, oncology, orthopedic surgery, pediatrics, psychiatry, radiology, urology, and vascular surgery were eligible for participation. A minimum of 250 physicians in each specialty was sampled; in specialties with fewer than 250, all physicians were selected for participation in the survey.

CSMS conducted two mailings of the questionnaire over a six-week period. A total of 1077 physicians completed the survey. Two surveys were completed by physicians in specialties that were not eligible for the study and were deleted from the analysis. Surveys mailed to 116 physicians were returned as undeliverable with no forwarding address and were deemed ineligible, resulting in an overall response rate of 26.9%.

Survey Instrument.—Using recent surveys developed by the Massachusetts Medical Society as a frame of reference, CSMS developed and pilot-tested a seven-page self-administered mail survey. Data for this analysis drew on questions related to: (a) physician satisfaction and career plans; (b) physician recruitment and retention, (c) the impact of the professional liability environment on the provision of medical care; (d) access to care and health care reform; (e) practice characteristics; (f) demographic information, including age, specialty, gender and practice size. A copy of the survey instrument is included in the Appendix.

Data Analysis.—Estimates presented in the tables below were weighted to reflect the relative numbers of physicians in the state in each specialty area according to the combined CSMS physician database constructed from the three sources identified above. Data were analyzed using SPSS 16.0.

RESULTS

Demographic Profile of the Workforce Sample.—Table 1 presents a basic demographic profile of the physicians in the sample. The sample was 80% male and had a modal age range of 45–64. The most common employment arrangement was self-employed (52%), with 28% in medical groups and 11% employed by a hospital. Physicians in small group practices (2–5 physicians) comprised the modal practice size. The vast majority of physicians was clustered in Hartford, Fairfield, and New Haven Counties, and median number of hours providing direct patient care was 42.

Section 1: Physician Satisfaction and Career Plans

Overall Satisfaction and Likelihood of Recommending Specialty/Connecticut

Physicians' levels of satisfaction with their careers in medicine and various aspects of their lives as physicians are presented in Tables 2 and 3. Overall, the mean level of satisfaction was 4.01 on a seven-point scale (column 1 of Table 2), indicating that on average physicians reported being "satisfied" with a career in medicine. Physicians' responses to the question concerning their likelihood of recommending their specialty

to someone graduating medical school revealed modest overall levels of support, with the typical physician response of "somewhat likely" ($\bar{X}$ = 3.20). However, physicians were less likely to recommend that a physician graduating from medical school practice in Connecticut, with the average response ranging between "somewhat likely" and "not very likely" ($\bar{X}$ = 2.90).

There was statistically significant variability by specialty in both overall satisfaction and the likelihood of recommending practicing in one's specialty and in Connecticut (Table 2). Results from a series of general linear models presented in Figure 1 indicate that dermatologists, emergency physicians, oncologists, radiologists and pediatricians tended to express higher levels of overall career satisfaction, while neurosurgeons, general surgeons, obstetrician/gynecologists, internists, and urologists tended to express lower levels of career satisfaction. (Note that this analysis controls for gender, age, county, and practice size). In general, there was a great deal of consistency in responses to the overall satisfaction and recommendation questions, such that specialists with lower levels of overall career satisfaction were less likely to recommend practicing in their specialty area and doing so in Connecticut (Figure 2). For instance, emergency physicians and radiologists were, on the whole, among the most satisfied of physicians and were more likely than other specialty groups to recommend practicing in their specialty areas and practicing in Connecticut. In contrast, neurosurgeons, obstetrician/gynecologists and general surgeons were among the least satisfied with their careers in medicine and were less likely than those in other specialties to recommend both their specialty and a Connecticut-based practice.

Table 3 presents a breakdown of responses to these three questions by county, gender, age and practice size; results for overall satisfaction and likelihood of recommending practicing in Connecticut are presented graphically in Figures 3 and 4. County-level differences in responses were restricted to the question concerning the likelihood of recommending practicing in Connecticut (Figure 4). Physicians in Windham and Middlesex counties were more likely than the average physician to recommend practicing in the state, while those in Fairfield and Litchfield counties were less likely to recommend practicing in Connecticut. Regarding gender differences, statistically significant effects were also confined to likelihood of recommending that one practice in Connecticut, with men significantly less likely than women to recommend practicing here.

Older physicians were significantly more satisfied with their overall careers than younger physicians (Figure 3) and were significantly more likely to recommend practicing in their specialty and in Connecticut (Figure 4) than were younger physicians. Finally, overall satisfaction with one's career in medicine and the likelihood of recommending practicing in Connecticut tended to increase with practice size (Figures 3 and 4). Those in larger practices were more likely to recommend practicing in one's specialty; however, those least likely to recommend their specialty were in small group practices.

Satisfaction with Different Aspects of Life as a Physician

Tables 2 and 3 also present data on physician satisfaction with various aspects of their lives, including issues such as compensation, work hours, personal and professional balance, administrative hassles, the professional liability environment, and their ability to provide quality care. In general, the data in Column 1 of these tables indicate that physicians' responses to questions regarding their satisfaction with the balance between personal and professional responsibilities ($\bar{X}$ = 3.45), with the number of hours they work as a physician ($\bar{X}$ = 3.31), and their ability to provide quality care ($\bar{X}$ = 3.63) ranged between "somewhat satisfied" and "satisfied." Respondents' average response to the question regarding satisfaction with their net income as a physician was "somewhat satisfied" ($\bar{X}$ = 3.11). However, satisfaction with the malpractice environment in Connecticut ($\bar{X}$ = 2.26) and the administrative requirements of practicing medicine ($\bar{X}$ = 2.66) were lower, ranging between "not very satisfied" and "somewhat satisfied."

Once again, satisfaction with these aspects of life as a physician varied by specialty (Table 2), and generally did so in a manner that was consistent with responses to the overall satisfaction questions presented in the previous section. For example, dermatologists and emergency physicians tended to express greater satisfaction with the number of hours they worked, their net income as physicians, and the malpractice environment in

Connecticut than did general surgeons, neurosurgeons, and urologists. Other specialty groups expressing higher levels of satisfaction in some or all of these areas include anesthesiologists, psychiatrists and radiologists, while obstetrician/gynecologists and gastroenterologists tended to be less satisfied. There were no differences in satisfaction with the ability to provide quality care and with the administrative requirements for practicing medicine by specialty.

Data regarding variability in satisfaction with life as a physician by county, gender, age and practice size are presented in Table 3. Statistically significant differences on these measures by region were confined to the question concerning satisfaction with the malpractice environment in Connecticut. Physicians in Fairfield and New London counties tended to be less satisfied with the malpractice environment, while those in interior and/or more rural parts of the state—Litchfield, Middlesex and Windham—tended to have higher levels of satisfaction than average. Variability by gender was also confined to this question, with male physicians significantly less satisfied with the liability environment in the state than females. Satisfaction with various aspects of one's life as a physician increased significantly with age, with two exceptions: satisfaction with the malpractice environment in Connecticut and with the ability to manage the administrative requirements of their practices was lowest among mid- to late-career physicians. Finally, those in larger practices were more satisfied with their net incomes, with the malpractice environment in Connecticut, and with their ability to manage the administrative requirements of their practices. With these latter two items, those least satisfied were in small group practices.

Career Plans and Work Hours

Tables 4 and 5 present data on physicians' career plans, separately by specialty, county, gender and age. Nearly 20% of physicians across all specialty areas reported that they were contemplating a career change because of the Connecticut practice environment, with another 16% not sure (Figure 5). Statistically significant differences by specialty were observed, with the surgical specialties most likely to have contemplated a career change: 32% of general surgeons, 33% of neurosurgeons, and 26% of orthopedic surgeons responded affirmatively to this question. Statistically significant variability by age was also observed, with older physicians less likely to contemplate change. No differences by gender or county were observed. Similar patterns of responses were observed concerning plans to move out of Connecticut. Ten percent of physicians in the sample reported plans to move within the next five years, with the highest rates observed among some surgical specialties (e.g., general surgery: 16% yes, 33% unsure; neurosurgery: 8% yes, 33% unsure). Variability by age was also observed, with older physicians significantly less likely to contemplate moving.

Table 6 presents reports of changes in work hours over the past three years, separately by specialty, county, gender and age. Almost half of all the physicians in the sample (46%) reported increases in work hours, with relatively few (14%) reporting decreases in hours. Statistically significant changes in work hours over the past three years were observed by specialty and age. Physicians in three specialties—urology, neurosurgery, and oncology—reported increases in work hours that were substantially above the norm, while psychiatrists were more likely to report having decreased their work hours relative to other specialty areas. As expected, older physicians were significantly more likely to report decreasing their work hours than were younger physicians. No differences in changes in work hours over the past three years were observed by gender or county.

In addition, no differences in either career plans or work hours by practice size were observed (data not shown).

Section 2: Physician Recruitment and Retention

Tables 7–10 present results related to the recruitment and retention of physicians in Connecticut practices. Data presented in the top panel of Table 7 indicate that overall, slightly less than half of physicians surveyed (43%) reported that the number of physicians in their specialty in their geographic area stayed the same, with the remainder roughly equally split between increases (26%) and decreases (32%). Statistically significant differences in recruitment were observed by specialty, with decreases in numbers most commonly reported by

neurosurgeons (58%), obstetrician/gynecologists (53%), and psychiatrists (45%). However, it is notable that roughly 40% of those in primary care specialties (internal medicine and family medicine) reported decreases in the number of physicians in these specialty areas. Increases were reported in cardiovascular diseases (59%), gastroenterology (54%), orthopedic surgery (45%), and oncology (44%).

Significant regional differences in physician supply were observed. Greater than average decreases in the number of physicians in one's own specialty area were observed in Litchfield, New London and Windham Counties. Few physicians in Litchfield and Windham reported increases in the number of physicians in their specialty areas.

Table 8 presents physicians' ratings of the importance of various factors in accounting for the increase or decrease in the number of physicians in their region. Among those reporting an increase in the number of physicians, the most prominent explanations were the overall appeal of the specialty ($\overline{X} = 3.31$) and the quality of life in their area ($\overline{X} = 3.26$). Among those reporting a decrease in the number of physicians, respondents were almost equally likely to cite four reasons: income potential, the malpractice environment in Connecticut, the cost of living in their area, and the managed care environment.

Data presented in Table 9 also reveal substantial difficulty in recruiting and retaining physicians across a range of specialty areas. Overall 35% of physicians reported that filling physician vacancies in their specialty area was "very difficult," and 47% reported that filling vacancies was "somewhat difficult." These data are presented graphically in Figure 6. There were statistically significant differences by specialty; the greatest difficulties were reported by neurosurgeons and urologists (73% and 62% "very difficult," respectively), while those in cardiovascular diseases, pediatrics, emergency medicine, and oncology were less likely to report recruitment problems. Significant regional differences in recruitment were also observed. Physicians in Windham and New London counties were more likely to report that filling physician vacancies was very difficult, while those in Middlesex and New Haven counties found recruitment of physicians to be less difficult than average. Statistically significant differences in recruitment difficulties by practice size were also observed, with those in small group practices reporting the greatest difficulties in recruiting new physicians.

The average time in months to recruit a new physician is presented in Table 10, separately by specialty. The average time to recruit a new physician was approximately 17 months for the sample as a whole. Statistically significant differences in recruiting time by specialty were observed. The shortest recruiting times were reported by emergency physicians ($\overline{X} = 6.8$ months) and anesthesiologists ($\overline{X} = 9.3$ months), while the longest recruiting times were reported by urology, orthopedic surgery, neurology and neurosurgery, all of which approached or exceeded 24 months. There were no statistical differences in recruiting time by county or practice size (data not shown).

Concerning the ability to retain their existing physician staffs, 65% overall said this had stayed the same over the past three years, 31% reported that it had worsened, with virtually none (3%) reporting improvement (Table 11). Differences in retention by specialty did not achieve statistical significance. Regional differences were apparent, however, as physicians in Windham, New London and Litchfield counties were significantly more likely to report a worsening in physician retention over the past three years, while physicians in Middlesex County were less likely to report increased challenges in retention. Differences in retention by practice size were also apparent, with those in small group practices more likely to report difficulties in retaining physicians than those in solo, medium or large group practices.

Section 3: Impact of the Professional Liability Environment on Physicians and their Patients

In the sample as a whole, slightly less than half of physicians pay for their professional liability insurance (46%), with the remainder reporting that their employer or group pays for it. Data on the degree to which professional liability insurance premiums were a financial burden to physicians and their practices are presented in Table 15 and displayed graphically in Figure 7. Thirty-three percent of physicians overall said that

liability premiums were very burdensome; however, enormous disparities in these reports by specialty area were observed. Physicians in the surgical specialties and obstetrics and gynecology were much more likely to consider liability premiums to be financially burdensome, while anesthesiologists, dermatologists, oncologists, and psychiatrists were less likely to characterize their liability premiums as very burdensome. Regional differences in the burden posed by liability premiums were not statistically significant.

Tables 12–14 present data on the impact of the current professional liability environment on decisions regarding high risk patients, high risk procedures and services, and hours of direct patient care. Overall, 33% of physicians reported that they had reduced the number of high risk patients they saw over the past three years (Table 12), and 38% had reduced the number of high risk procedures they performed (Table 13). This is presented graphically in Figure 8. Substantial variability by specialty was observed, with physicians in the surgical specialties most commonly reporting reductions in high risk patients or procedures. In addition, more than half of urologists and obstetrician/gynecologists reported having reduced both the number of high risk patients and high risk procedures over the past three years. Overall, few physicians (8.9%) reported reducing the hours of patient care they provided due to liability concerns (Table 14). However, reduced hours of patient care was significantly more likely to be observed among psychiatrists, neurologists, obstetrician/gynecologists and radiologists.

Significant county-level differences in changes in practice patterns due to liability concerns were observed (Tables 12–14). Physicians in Fairfield County were more likely to report reductions in the number of high risk patients they treated, and reductions in high risk procedures and services were more common among those in Windham, Fairfield and New London counties and less common in Hartford County.

Section 4: Access to Medical Care

The results presented in the previous section suggest that patient access to care has been constrained by the current professional liability environment. Additional data on patient access to care are included in Table 16 and are displayed graphically in Figures 9 and 10. Wait times for a routine office visit averaged over 17 days for a new patient and 11 days for an existing patient. These numbers varied significantly by specialty, with new patients waiting on average nearly a month to obtain an appointment with a neurologist, dermatologist or obstetrician/gynecologist. Wait times for existing patients seeking appointments with primary care physicians ranged between three days for family practitioners to over six days for internists and over 10 days for pediatricians. Statistically significant regional variability was also observed for new patient waiting times. New patients had to wait an average of 24 days in Windham County, but only about 10 days in Fairfield and Litchfield counties.

Table 17 and Figure 11 present data concerning changes in the ease of obtaining referrals and consultations for patients over the past three years. Half of physicians in the sample reported that obtaining referrals or consultations for their patients had become more difficult over this period. This varied significantly by specialty, with emergency physicians (90%) and pediatricians (72%) most likely to report increasing difficulty in obtaining referrals. Regional differences in the ease of obtaining referrals or consultations were not statistically significant.

Physicians' ratings of the importance of various factors in accounting for the increased difficulty in obtaining referrals or consultations for their patients are presented in Table 18. Among those reporting increased difficulty in obtaining referrals/consultations, the reason cited as most important was health plan restrictions ($\bar{X} = 3.57$), followed by the supply of physicians in some specialty areas ($\bar{X} = 3.41$) and reimbursement rates ($\bar{X} = 3.36$). Overall, physician supply and malpractice concerns were of lesser importance.

Physician Perspectives on Improving Access to Health Care.—Responses to a series of questions concerning different approaches to improving access to medical care are presented in Tables 19 and 20. Physicians were asked the following three questions: "Do you support or oppose the following approaches to providing health coverage for all Connecticut residents: (a) Expanding current safety net programs to cover the unin-

sured (e.g., HUSKY/Medicaid); (b) Establishing a single insurance plan that would cover all state residents; and (c) Creating a large insurance pool serving the uninsured and those on Medicaid and others, while allowing those currently insured to keep the plans they have?" Responses ranged from "strongly support" to "strongly oppose" on a seven-point scale, with higher values indicating greater support. The data presented in Table 19 reveal that, in the total sample, creating an insurance pool to serve the uninsured and those on public programs receives the greatest level of support = 5.31). Physicians also tended to support expanding current safety-net programs ($\bar{X} = 5.0$). However, there appeared to be an equal amount of support for and opposition to the adoption of a single insurance plan to cover all residents ($\bar{X} = 4.15$).

There was substantial variability in these responses by specialty, age, gender, and practice size. Concerning specialty, the data in the top row of Table 19 indicate that there were significant differences in support for expanding safety-net programs, with pediatricians, psychiatrists, obstetrician/gynecologists, emergency physicians, and those in cardiovascular disease all more likely to support expansion of these programs than other specialty areas. In fact, for all five of these specialty areas, expanding safety-net programs received higher levels of support than creating an insurance pool to cover the uninsured and those on public programs. Lower levels of support for expansion of safety-net programs were observed among neurosurgeons, urologists and orthopedic surgeons. In addition, there were significant differences among specialties in support for a single payor plan. Greater levels of support were observed among pediatricians, emergency physicians, family practitioners and psychiatrists, while lower levels of support were observed among anesthesiologists, orthopedic surgeons and neurosurgeons.

Age differences in responses were observed, with levels of support for all three options increasing significantly with age (Table 20). Gender differences were confined to the question regarding safety-net expansion, with women significantly more likely to support this option than men. Finally, physicians in larger practices were significantly more likely to support expansion of safety-net programs and creation of an insurance pool than those in solo or small group practices.

Physician Perspectives on Possible Approaches to Health Care Reform.—Responses to a series of questions concerning the importance of different approaches to reforming the health care system are presented in Tables 21 and 22. Physicians were asked: "How important do you think the following would be to improving the health care system in the State of Connecticut: (a) controlling health care costs; (b) making health insurance more affordable; (c) covering the uninsured; (d) focusing on chronic illness, including care coordination and prevention; (e) implementation of electronic medical records (EMR) in physician offices; (f) establishing accurate measures of quality; (g) reducing administrative burdens on physicians; (h) improving systems to prevent medical errors; and (i) regulating health insurance practices. Responses ranged from "very important" to "not at all important" on a four-point scale, with higher values indicating greater importance. The data presented in Table 21 indicate that in general, most of the reforms posed in this section were rated as between "somewhat" to "very important." Two exceptions to this trend were (e) implementation of EMR and (f) establishing accurate quality measures, which were given ratings that ranged between "not very" and "somewhat important." The greatest levels of support were observed for making insurance more affordable and reducing the administrative burden on physicians.

As was true concerning access to medical care, physicians' ratings of the importance of various health care reforms varied substantially by specialty (Table 21). Controlling health care costs (a) was deemed of lesser importance to neurosurgeons, psychiatrists and radiologists, while (b) making insurance more affordable was of lesser importance among anesthesiologists, oncologists and radiologists. Covering the uninsured (c) was of greater importance to specialties seeing large numbers of uninsured patients: emergency physicians, family practitioners, pediatricians and psychiatrists. A focus on chronic illness (d) was more important to those in primary care (family practitioners and internists), and (e) EMR implementation was of significantly greater importance to imaging-intensive specialties (radiologists, neurosurgeons and obstetrician/gynecologists) and safety-net providers (emergency physicians and family practitioners). No differences in the remaining questions about potential reforms were observed by specialty.

Statistically significant differences in the importance of various reforms to the health care system were observed by age, gender and practice size (Table 22). Age differences in four of the nine items were observed: (b) making health insurance more affordable; (c) covering the uninsured; (g) reducing administrative burdens on physicians; (h) improving systems to prevent medical errors. For the first three items, ratings of importance increased with age; for item (h), physicians in mid- or late career (aged 45–64) were significantly less likely to deem the improvement of systems to prevent medical errors as important as either younger or older physicians. Gender differences were restricted to item (d), focusing on chronic illness, with women viewing this as significantly more important than men. Finally, differences in ratings by practice size were observed for five of the nine items: (c) covering the uninsured; (d) focusing on chronic illness, including care coordination and prevention; (e) implementation of electronic medical records (EMR) in physician offices; (f) establishing accurate measures of quality; (h) improving systems to prevent medical errors. In all cases the pattern of responses was the same: the importance of these items tended to be greater among those in larger practice contexts.

Section 5: Practice Characteristics— Payor Mix, Emergency Room Call, and Technology

The ways in which patients pay for the medical services provided by the physicians in this study is presented in Table 23 and displayed in Figure 12. Overall, slightly less than 50% of patients were covered by commercial insurers ($\bar{X}$ = 47.1%), with just under a third ($\bar{X}$ = 31.9%) covered by Medicare. Approximately 13% were covered by state-funded programs (i.e., HUSKY/Medicaid, SAGA), with the remainder roughly evenly split between self-pay and unreimbursed care. Payor mix varied significantly by specialty; this variability is illustrated in selective specialties in the bottom portion of Figure 12. Not surprisingly, specialists treating diseases associated with aging—cardiologists, urologists, oncologists, general surgeons—tended to have fewer patients covered by commercial insurers and more Medicare patients. Emergency physicians, psychiatrists, pediatricians and obstetrician/gynecologists tended to see more Medicaid patients than those in other specialty areas. Self-pay was more common among psychiatrists, emergency physicians, dermatologists and general surgeons, and free care was most commonly reported by emergency physicians and psychiatrists.

Statistically significant regional differences in the mix of payors were also observed. Physicians in Litchfield and Windham counties tended to treat fewer commercially insured and more Medicare patients than other counties, and physicians in the more affluent communities in Litchfield and Fairfield counties treated fewer Medicaid patients. Free care was most commonly reported by physicians in Middlesex.

Emergency Room Call and Time Spent Dealing with Managed Care Issues.—The left-hand side of Table 24 presents the monthly frequency with which physicians took emergency room call, separately by specialty. On average, physicians reported taking emergency room call approximately five days per month. Emergency call was less frequent among the primary care physicians as well as psychiatrists, emergency physicians, radiologists and anesthesiologists, and was most frequent among cardiologists, neurosurgeons and neurologists, urologists and general surgeons. There were no county-level differences in emergency call frequency.

The right-hand side of Table 24 presents the amount of time physicians reported spending on the phone dealing with managed care issues. The average amount of time dealing with such issues was two hours per week across all physicians in the sample. However, this varied significantly by specialty, with anesthesiology, radiology and emergency physicians spending the least amount of time and internists, neurologists and oncologists spending the most. There were no county-level differences in time spent dealing with managed care issues.

Use of Technology.—Responses to a series of questions about the use of various information technologies in physicians' practices are presented in Table 25 and displayed in Figure 13. Overall, the implementation of these technologies was highly variable. Technologies such as electronic billing, electronic access to lab results, and practice management applications were used in a majority of physicians' practices. In contrast,

EMRs, secure patient websites, and electronic prescribing were generally used in less than a quarter of practices. Differences by specialty in the use of these technologies were, in most cases, large in magnitude and statistically significant. There were very low rates of penetration of a number of technologies in a handful of specialty areas, such as emergency medicine, anesthesiology and psychiatry. Although EMR systems had fairly low rates of adoption overall (26%), nearly half of radiologists' (54%) and neurologists' (46%) practices had implemented EMR systems. Similarly, e-prescribing was available in only 21% of practices overall, but obstetrician/gynecologists, neurologists, pediatricians and emergency physicians all reported rates of implementation roughly 50% higher (i.e., between 30–32% of practices).

Regional differences in technology implementation were restricted to secure patient websites, general websites and electronic access to labs. In general, significantly higher rates of implementation of these technologies were observed in Middlesex, Fairfield, New London and Windham counties. Statistically significant differences in technology implementation by practice size were observed across all technologies assessed. In every case, the larger the practice size, the greater the rate of adoption. Finally, age differences in technology implementation were restricted to EMRs, general websites and practice management applications. For both EMR systems and general websites, implementation was more commonly reported by younger physicians; for practice management applications the highest rates of implementation were observed among mid- to late-career physicians (aged 45–64).

SUMMARY

This statewide survey of Connecticut physicians has identified a number of areas of concern.

- While generally satisfied with their careers in medicine, physicians were only "not very" to "somewhat" likely to recommend a Connecticut practice to young physicians.
    - The relative negativity toward practicing in Connecticut was most pronounced among neurosurgeons, obstetrician/gynecologist, and general surgeons.
- Nearly 20% of physicians reported contemplating a career change because of the practice environment in Connecticut.
    - This was more pronounced among those in surgical sub-specialties, where as many as a third had contemplated a career change.
- Difficulties in recruitment and retention of physicians among Connecticut practices were apparent.
    - Overall, 35% of physicians said recruitment of new physicians was "very difficult," with these numbers twice as high among neurosurgeons and urologists.
    - Difficulties in recruitment, retention, and the overall supply of physicians were most evident in Litchfield, New London and Windham counties.
    - Physicians in small group practices expressed the greatest problems in recruitment and retention of their physician staff.
- The current professional liability environment has lead many Connecticut physicians to reduce their risk exposure.
    - 33% reported having reduced the number of high risk patients they saw and 38% had reduced the number of high risk procedures they performed.
    - Reduction in the numbers of high risk patients and procedures were most common among physicians in surgical sub-specialties, obstetrician/gynecologist and urologists.
- Additional data on access to medical care indicated that difficulties in obtaining referrals and consultations for patients had increased over the past three years.

- Emergency physicians and pediatricians were most likely to report increasing difficulty in obtaining referrals.

- With respect to improving patient access to care, physicians were generally supportive of expanding current safety-net programs or creating a large insurance pool to cover the uninsured, those on public insurance programs, and others.
    - Physicians were less supportive of a single payor program to cover all Connecticut residents.
- Although most physicians were making use of technologies such as electronic billing and practice management applications, adoption of technologies with the greatest potential to improve patient care—EMR systems and electronic prescribing—was limited to only 20–25% of Connecticut practices.

CONCLUSIONS

This statewide survey of Connecticut physicians has identified a number of areas of growing concern that should be considered when looking at access to medical care and, by extension, health system and health care reform in Connecticut. One of the ominous findings in this report is that the supply of physicians in Connecticut appears to be shrinking. Recruitment difficulties were widespread, with very few medical or surgical specialists who did not in the aggregate report difficulties in recruiting physicians to their practices. Overall, 36% of physicians said recruitment of new physicians was "very difficult," with these numbers twice as high among neurosurgeons and urologists. The length of time to recruit new physicians ranged from an average of almost seven months for emergency physicians to up to two years for orthopedic surgeons, urologists, neurologists and neurosurgeons. Even more troubling, it appears that the ability to retain existing physician staffs has been compromised in certain specialties that will almost assuredly have an impact on patient access to care.

Difficulties in recruitment and retention of physicians were acute in certain geographic areas, adding stress to those regions' health care systems. Difficulties in recruitment, retention, and the overall supply of physicians were most evident in Litchfield, New London and Windham counties where more than 90% of respondents indicated that recruiting physicians was either very difficult or somewhat difficult. Meanwhile, physicians in Litchfield and Windham counties reported the greatest reductions in physician supply and wait times for appointments were higher in some of these regions. Taken together, it appears that demand for medical care is outpacing supply for some of the more rural regions in the state.

Additional problems with patient access to care are seen in the fact that close to 90% of emergency room physicians indicated that it has become more difficult to obtain referrals and consultations. This does not bode well for a health care system that increasingly sees initial access to care through the emergency room, especially for the underinsured and uninsured population. Similarly, more than 70% of the pediatricians in this survey indicated that it has become more difficult to obtain a referral for their patients. Delays of up to a month or more for new patients to see a neurologist, dermatologist or obstetrician/gynecologist are problematic; wait times for existing patients are disturbing, with two to three weeks apparently the norm in Connecticut. The length of time to get an appointment is not only troubling from a patient perspective, but also runs counter to an effective and efficient health care system.

Our findings suggest that Connecticut's practice environment may be the culprit to blame for the shrinking supply of physicians. While generally satisfied with their careers in medicine, physicians demonstrated marked negativity toward practicing medicine in Connecticut. At a time when the medical training system relies heavily on existing physicians to train their younger colleagues in medical school, residency and fellowship programs, physicians were not strongly inclined to recommend a Connecticut practice to young physicians. There is great concern that this relative negativity translates into apprehension if not outright fear at the prospect of practicing in a state that already has a difficult time attracting young physicians. The relative negativity toward practicing in Connecticut was most pronounced among neurosurgeons, obstetri-

cian/gynecologists and general surgeons; these specialists are already desperately needed, hard to replace, and appear to have experienced some of the highest medical liability rates in the nation compared to their colleagues in other states.[3]

The situation is dire enough that nearly 20% of physicians responding to the survey reported contemplating a career change because of the practice environment in Connecticut. This was even more pronounced among those in surgical sub-specialties, where as many as a third had contemplated a career change. The bigger picture reveals that Connecticut already has a higher-than-average senior population that is growing with the aging of Baby Boomers who are already entering the age of Medicare eligibility. As the population ages, Connecticut needs those mid- and advanced-career physicians to train a younger generation of talented physicians since replacements are slow in coming to Connecticut.

Results of this survey suggest a link between difficulty maintaining access to medical and surgical sub-specialties and the current professional liability environment. Physicians reported low levels of satisfaction with the professional liability environment in Connecticut. The reduction in the numbers of high risk patients seen and procedures performed among physicians in many medical and surgical sub-specialties due to professional liability concerns places further stress on the Connecticut health care system. This should not be surprising as these specialists have higher–than-average professional liability rates, especially in Connecticut. For example, obstetrician/gynecologists in Connecticut have experienced some of the greatest percentage increases in professional liability rates in the country with average premiums exceeding $170,000 a year, while general surgeons have seen a doubling of their rates since 2000.[3] Unfortunately, these problems are not confined to medical and surgical sub-specialties. Internists and family physicians in Connecticut, 30% of whom indicated they had reduced the number of high risk patients and services due to professional liability concerns, have seen their professional liability rates go up by almost 350% since 2000.[3]

The reduction in acceptance of high risk patients and procedures may be one reason for the corresponding wait time for both new and existing patients who see specialist physicians who perform high risk procedures, as well as the difficulty in obtaining referrals. The specialties which by nature make the most referrals, emergency room physicians and pediatricians, report the most difficulty obtaining them.

Against the backdrop of these challenges to a healthy medical landscape in Connecticut, the survey asked physicians' opinions on reform proposals to improve patient access to care. Physicians were generally supportive of creating a large insurance pool to cover the uninsured, those on public insurance programs and others, or expanding current safety-net programs. Physicians were less supportive of a single payor program to cover all Connecticut residents. The general support for multiple approaches to reform suggests that physicians may simply believe that some system-wide reform is increasingly necessary to solve not only the issues that face physicians, but also the problems that are experienced in the health care system as a whole.

When asked a number of questions about the importance of specific reforms that have the potential of improving health care in Connecticut, respondents indicated that most reforms where "somewhat important" to "very important." Overall, they rated affordable health insurance for their patients, reductions in administrative burdens placed on physicians, and regulating health insurance practices as the most important reforms, respectively, followed closely by covering the uninsured. Only implementation of EMR systems in their offices and establishing measures of quality were, on average, of lesser importance. Lagging support for EMR as a means of improving health care may explain the relatively low levels of penetration of this technology in physician practices. Although most physicians were making use of such information technologies as electronic billing and practice management applications, adoption of EMR systems and electronic prescribing was limited to 20–25% of Connecticut practices. The inconsistent adoption of electronic health information technology (HIT) in physician offices in Connecticut is troubling, but is not completely unexpected given the financial pressures and administrative hassles that appear to be placed on physicians in Connecticut.

Looking Ahead

Though it is a snapshot and represents only those physicians who responded to the survey, the results of this workforce study begin to identify where some of the potential shortages may lie, if not today, in the near future in Connecticut. However, health care reform, by decreasing the ranks of the adult uninsured, may increase the demand for primary care that could exacerbate shortages in these physician specialties as well. These shortages may be most acute in areas of medical and surgical specialization and sub-specialization in which it is difficult if not impossible to arrange for substitute care modalities.

Connecticut policymakers and decision-makers, including the General Assembly and the current administration, may gain from looking at this study to achieve a better understanding of the issues impacting physician retention and recruitment in Connecticut and how best to proceed in making decisions about adjustments to the state's health care system. More research is clearly necessary to look more closely at what models of health care delivery and financing will be able to address the concerns of physicians and their patients while providing greater access to medical care. While a system could be built that guarantees funding for medical care for all of Connecticut's citizens, without an adequate supply of physicians, patient need will not be met. This survey provides at least a starting point of examining how physicians perceive their surroundings and how it relates to both their concerns and, very likely, their decisions about the medical care they provide. Once a greater understanding of the landscape of existing medical providers, especially physicians, is known in Connecticut, one can begin to dissect the health care system and reconstruct it in a manner that supports guaranteed universal access to care and ensures that the medical care meets the highest quality standards.

Limitations

This study is based entirely on self-report measures which, although used previously in surveys of Massachusetts and Pennsylvania physicians, have not been subjected to rigorous quantitative tests of their validity and reliability. The response rate of 27% presents a challenge to our efforts to generalize our findings to the Connecticut physician population, though in self-reported physician surveys, rates above 20% are generally recognized as favorable.[5] In particular, the low response rate raises concerns that our data were biased, perhaps reflecting the views and experiences of those most affected by recruitment and retention problems or the current professional liability environment. In addition, caution in interpreting some of these results is warranted due to the small numbers of physicians in some specialty areas, such as neurosurgery, emergency medicine, gastroenterology, and oncology. However, though small numbers of physicians in certain specialties may have responded, in some cases they do constitute a large fraction of practicing physicians in those specialty areas.

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3. Guardado J: Policy Research Perspective: Professional Liability Insurance Rates and Distribution of Rate Changes, 2003–2007. American Medical Association, 2008.

Appendix

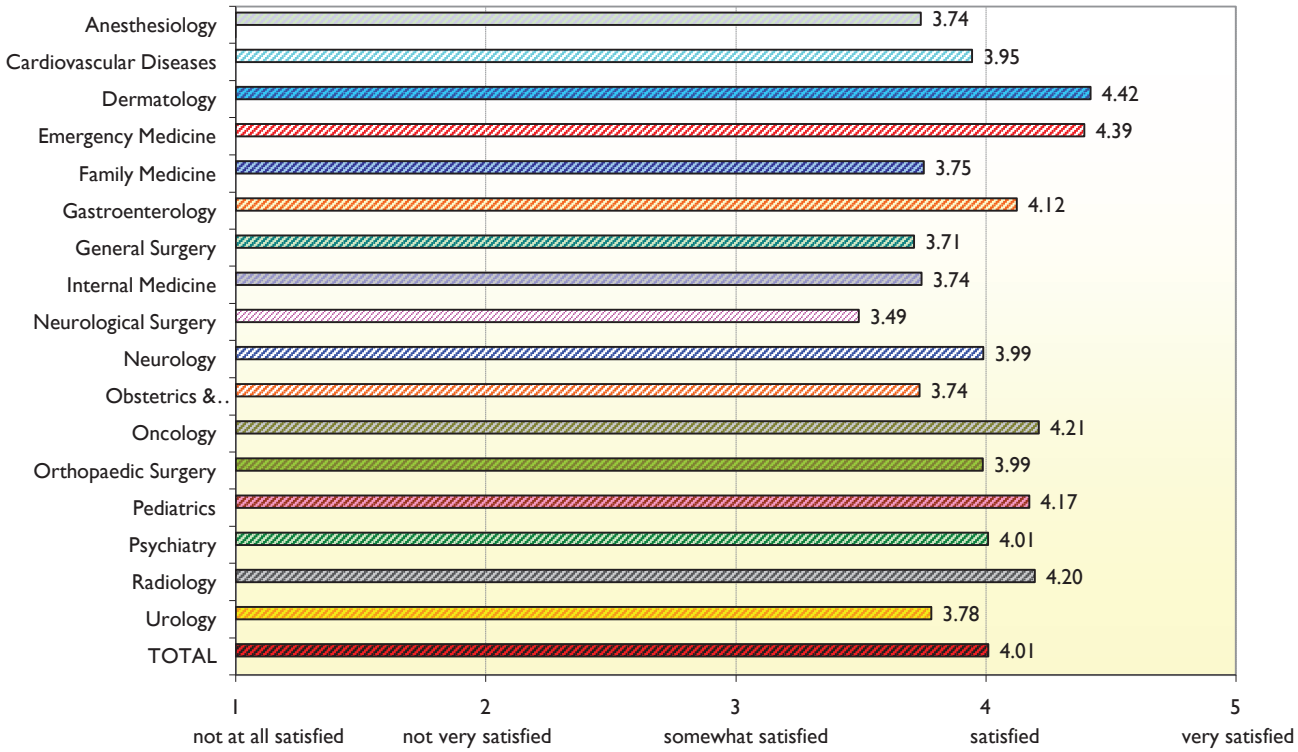
I: Figures

II: Tables

III: Survey

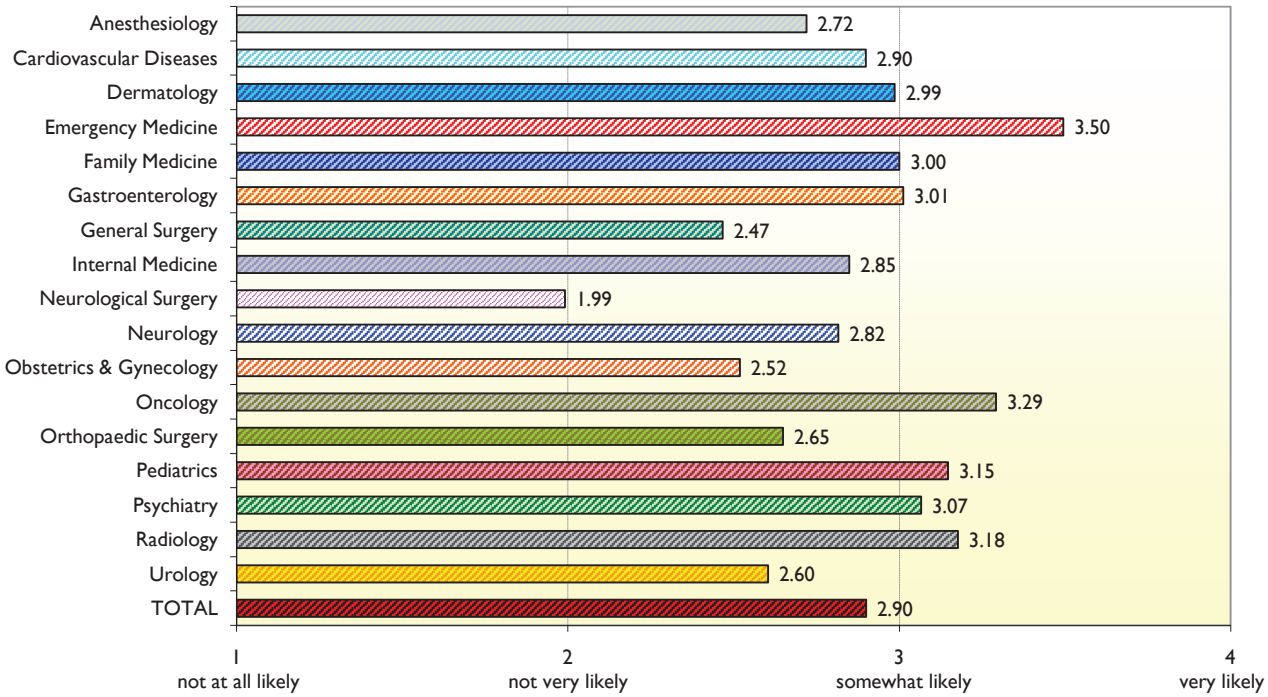
I: Figures

Figure 1. Mean levels of satisfation with career in medicine, by specialty



Differences by specialty significant at .05 level

Figure 2. Likelihood of recommending practicing in CT, by specialty



Differences by specialty significant at .05 level

Figure 3. Satisfation with career in medicine, by county, gender, age and practice size

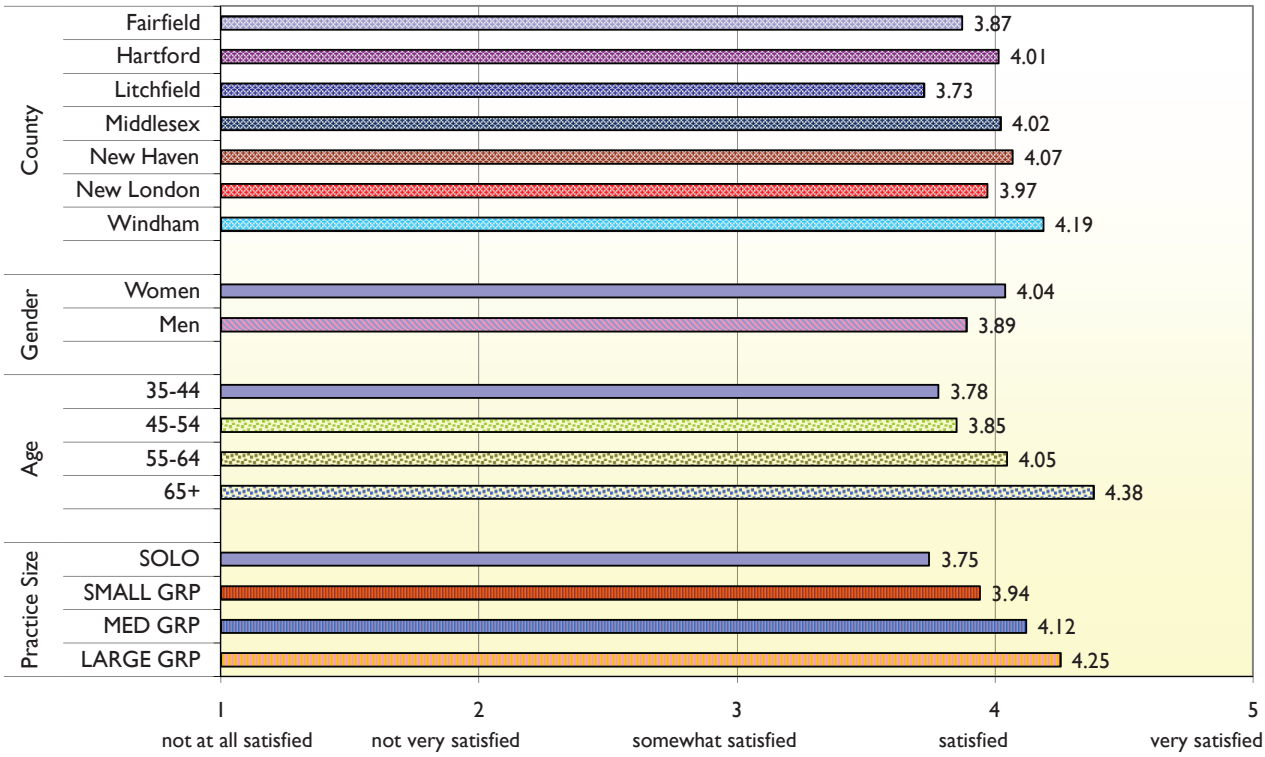
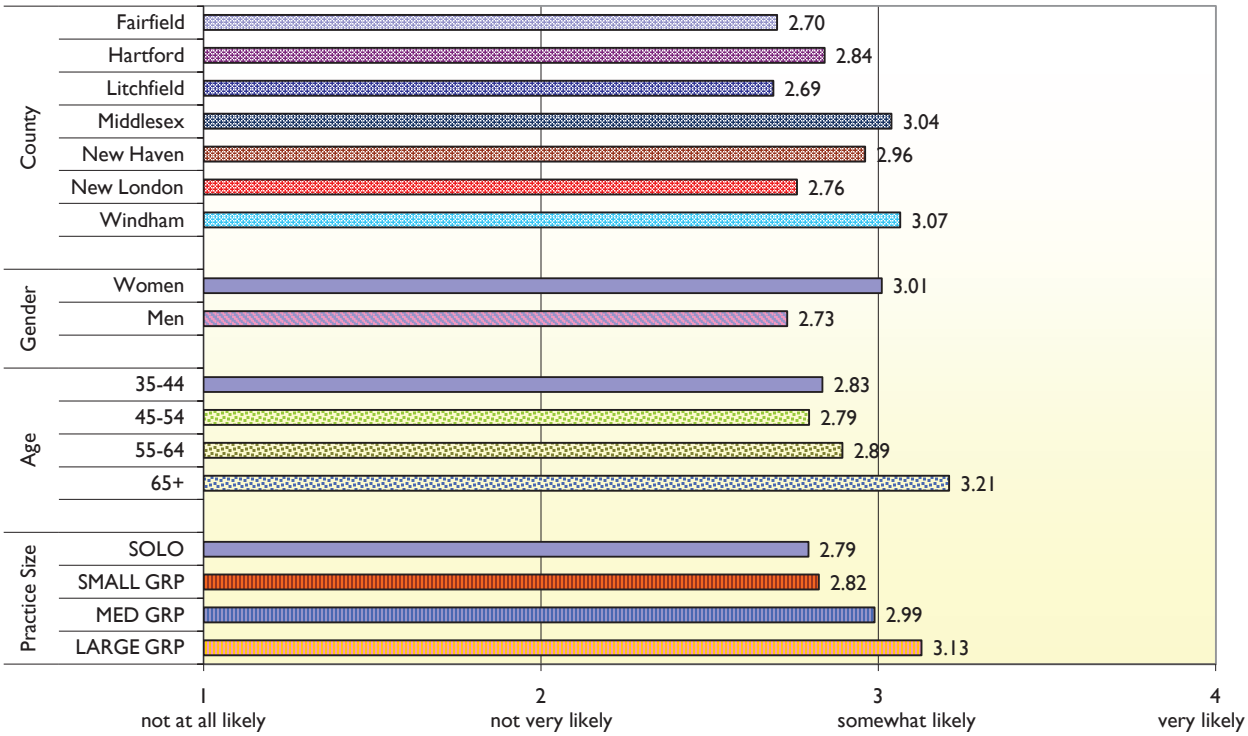
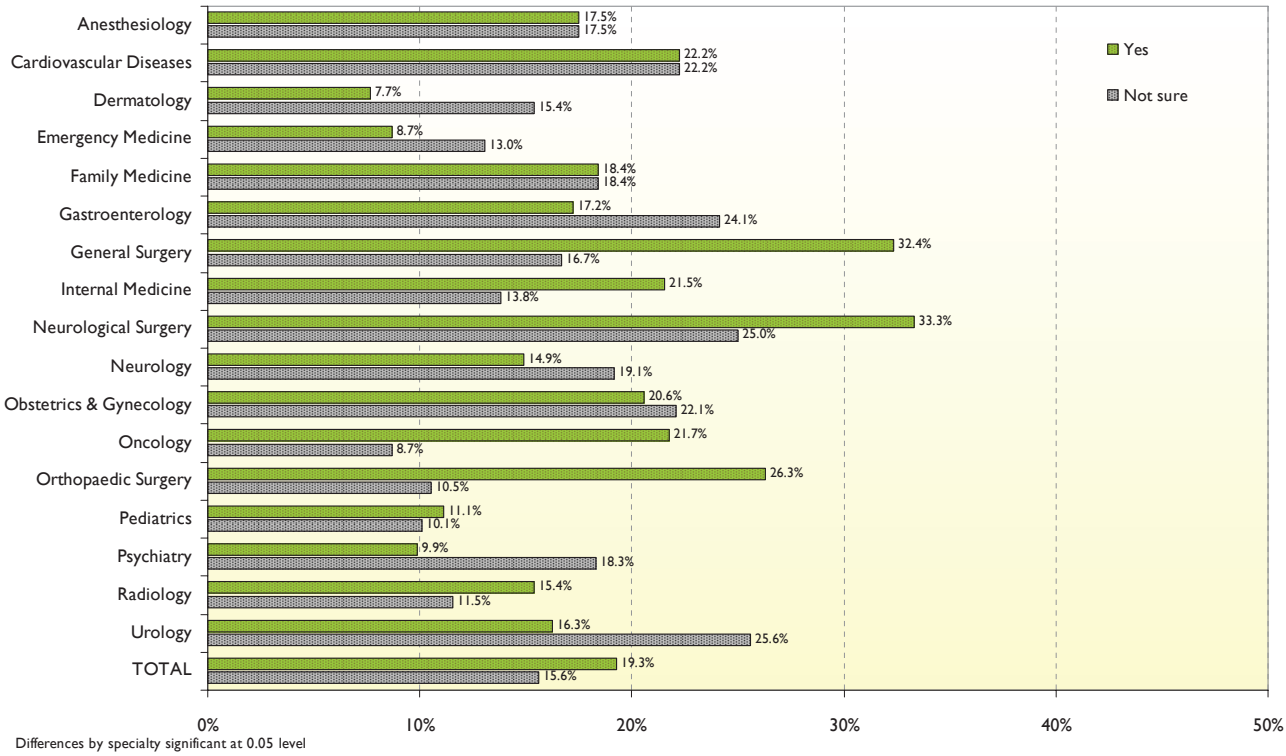


Figure 4. Likelihood of recommending practicing in CT, by county, gender, age, and practice size



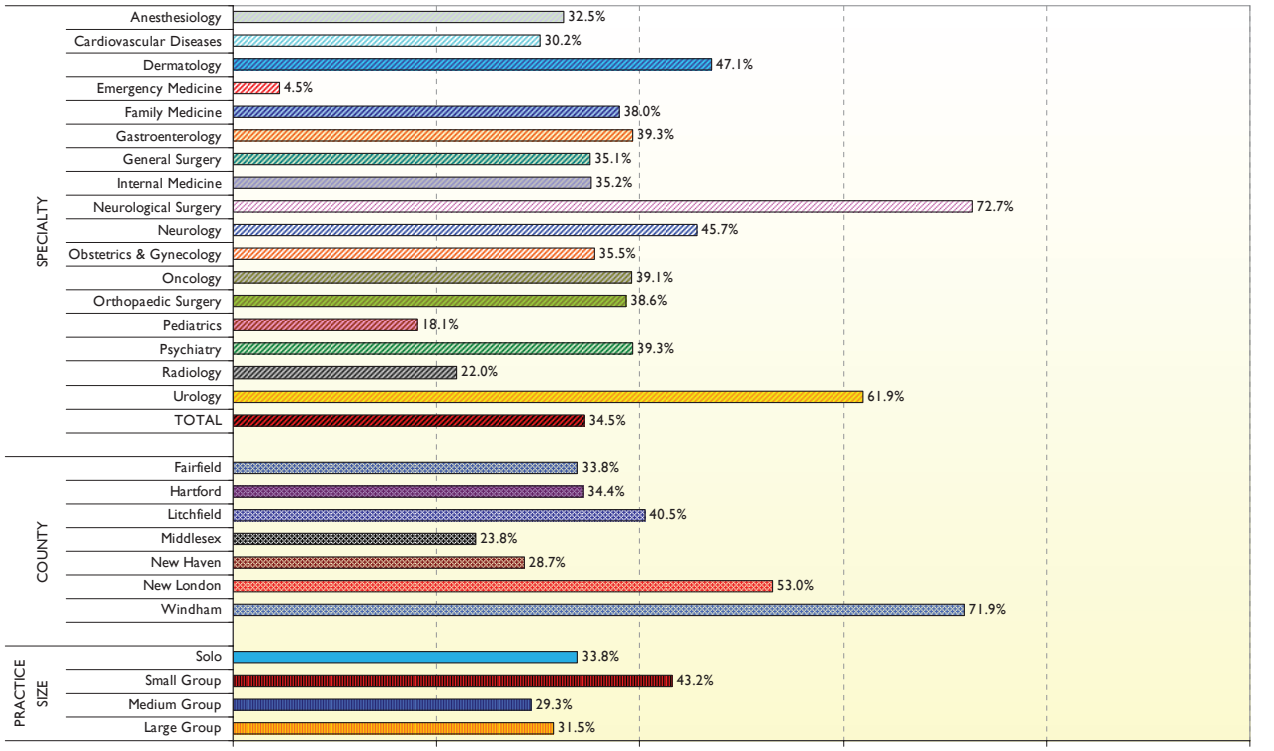
Differences by county, age, gender and practice size significant at .05 level

Figure 5. Percent contemplating career change because of practice environment, by specialty



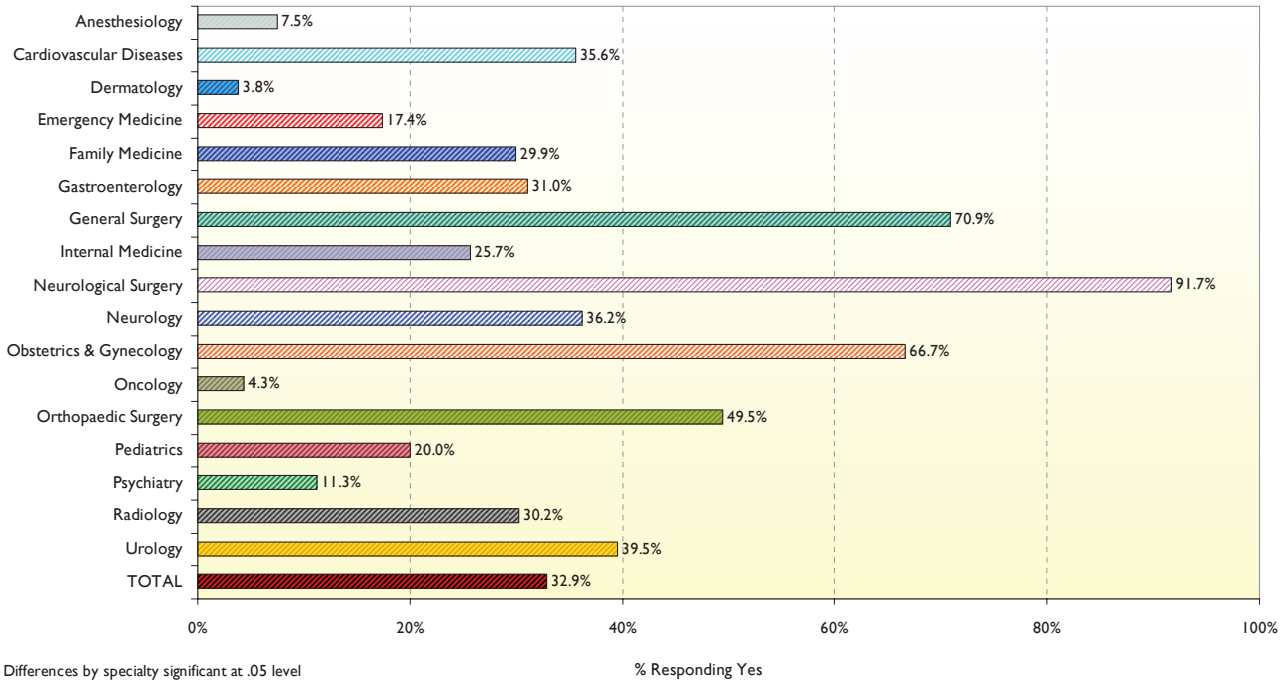
Differences by specialty significant at 0.05 level

Figure 6. Percent saying it is very difficult to recruit physicians, by specialty, county and practice size



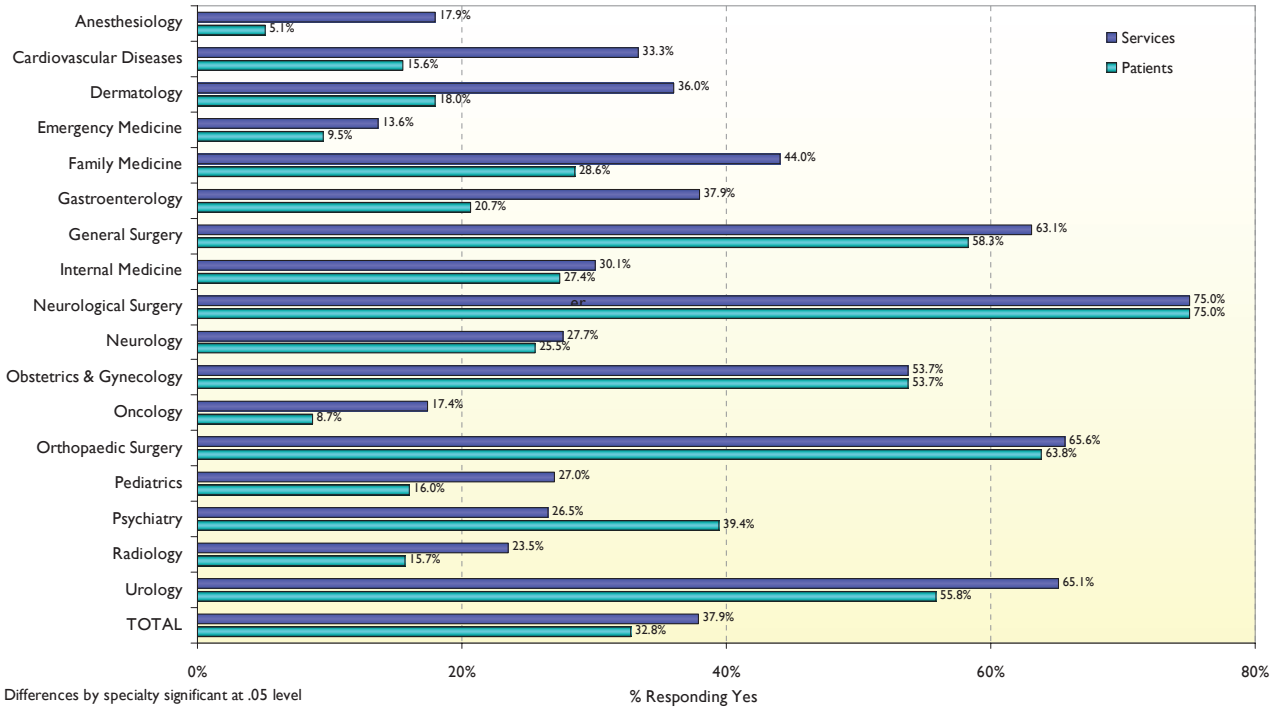
Differences by specialty, county and practice size significant at .05 level

Figure 7. Percent saying liability premiums are very burdensome, by specialty



Differences by specialty significant at .05 level

Figure 8. Percent reducing the number of high risk services and patients due to liability concerns, by specialty



Differences by specialty significant at .05 level

Figure 9. Wait in days for appointments for routine office visits, by specialty

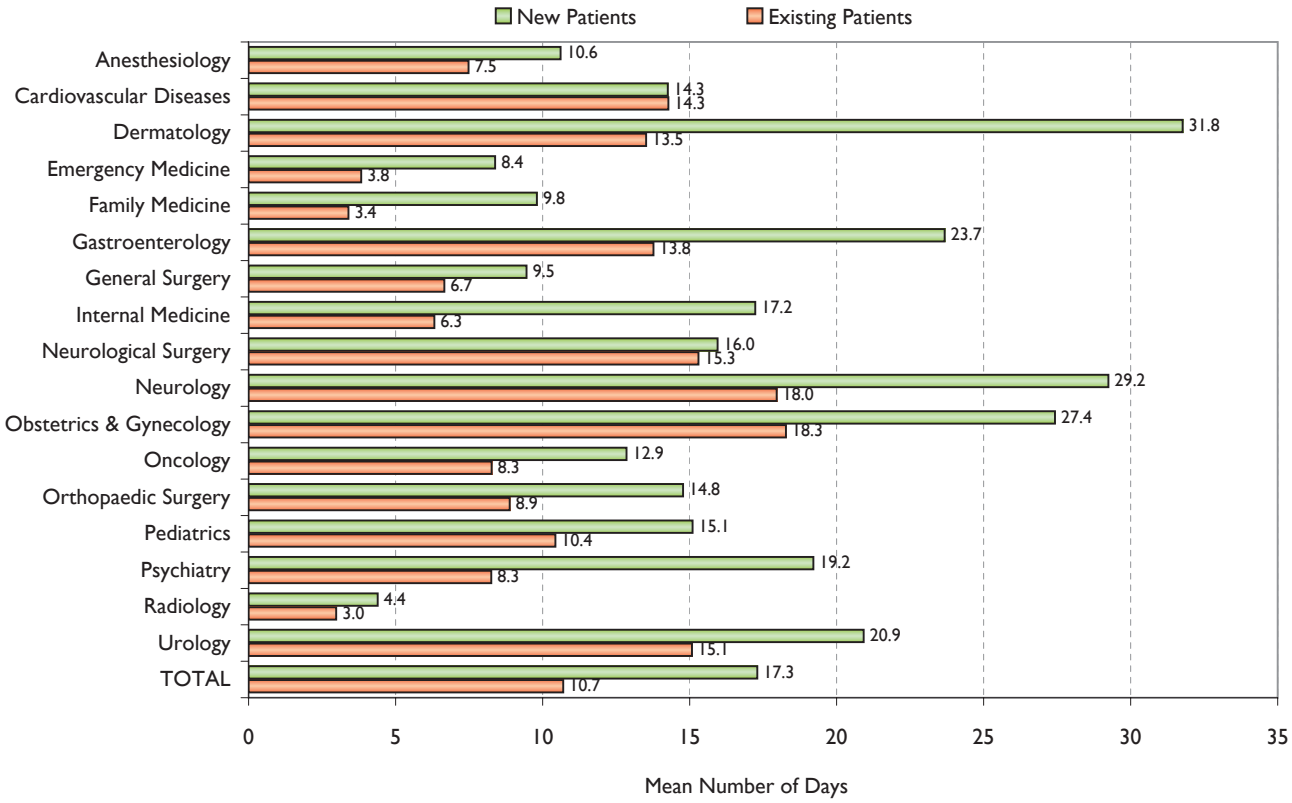
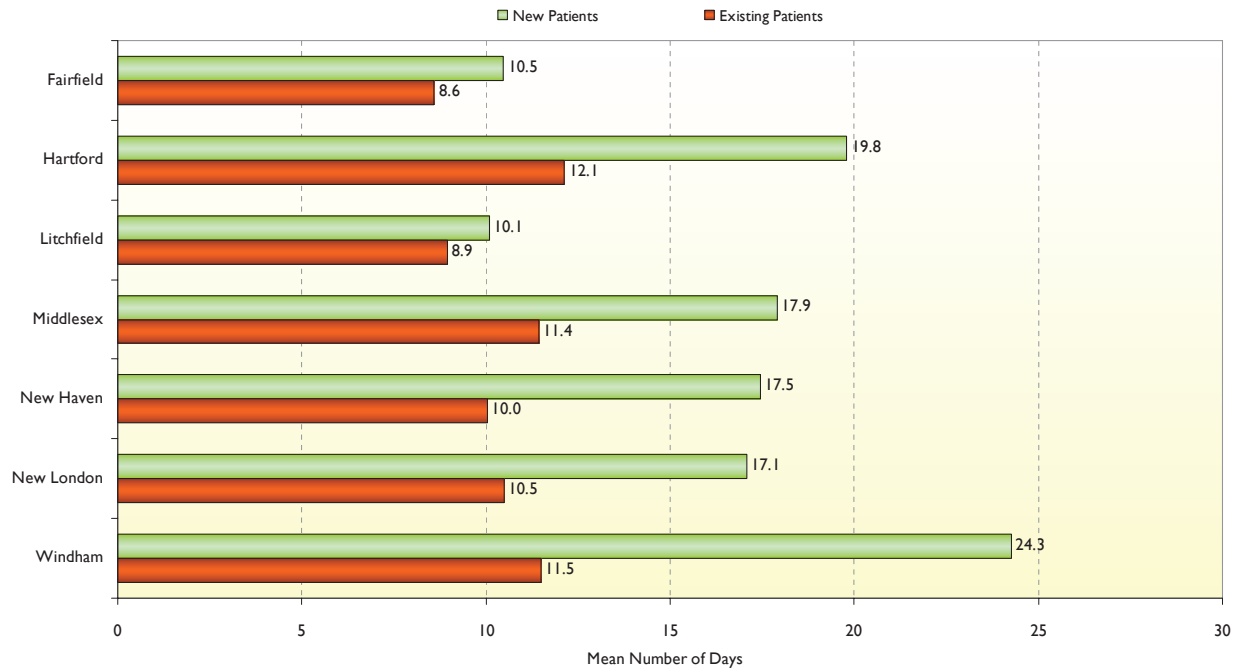
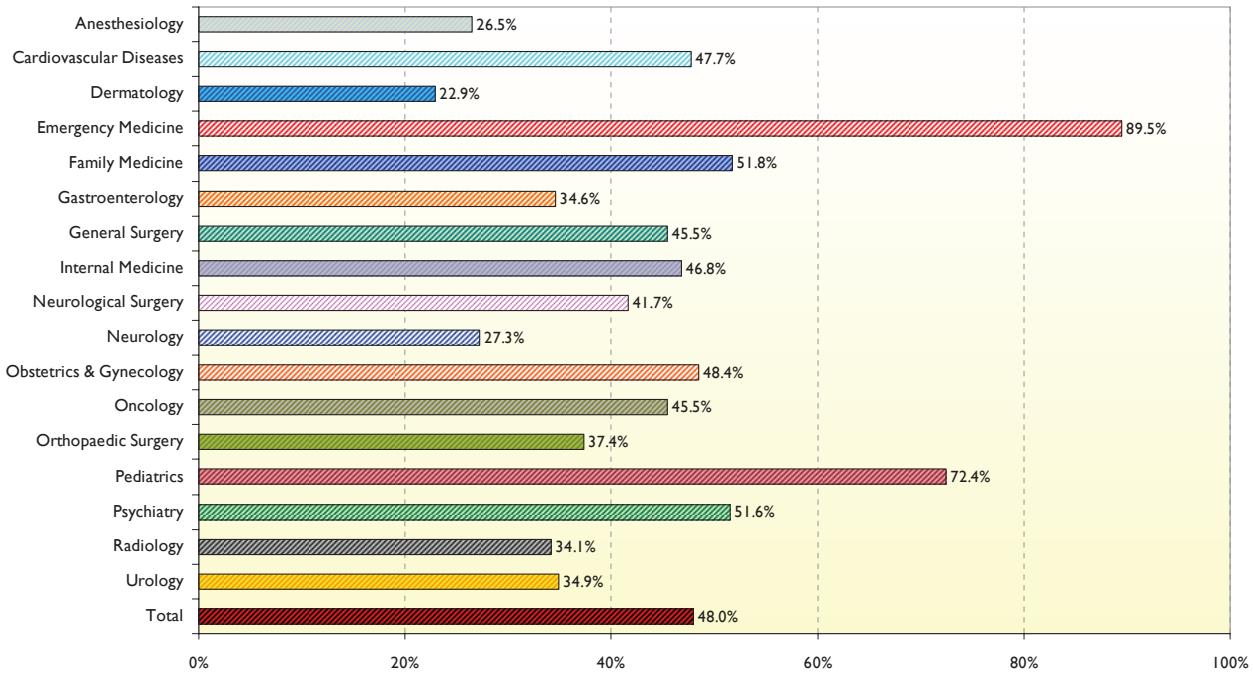


Figure 10. Wait in days for appointments for routine office visits, by county



Differences in wait times for new patients by county significant at .05 level

Figure 11. Percent reporting increasing difficulty in obtaining referrals over past 3 years, by specialty



Differences by specialty significant at .05 level

Figure 12. How patients pay for medical services: Total sample and selected specialties

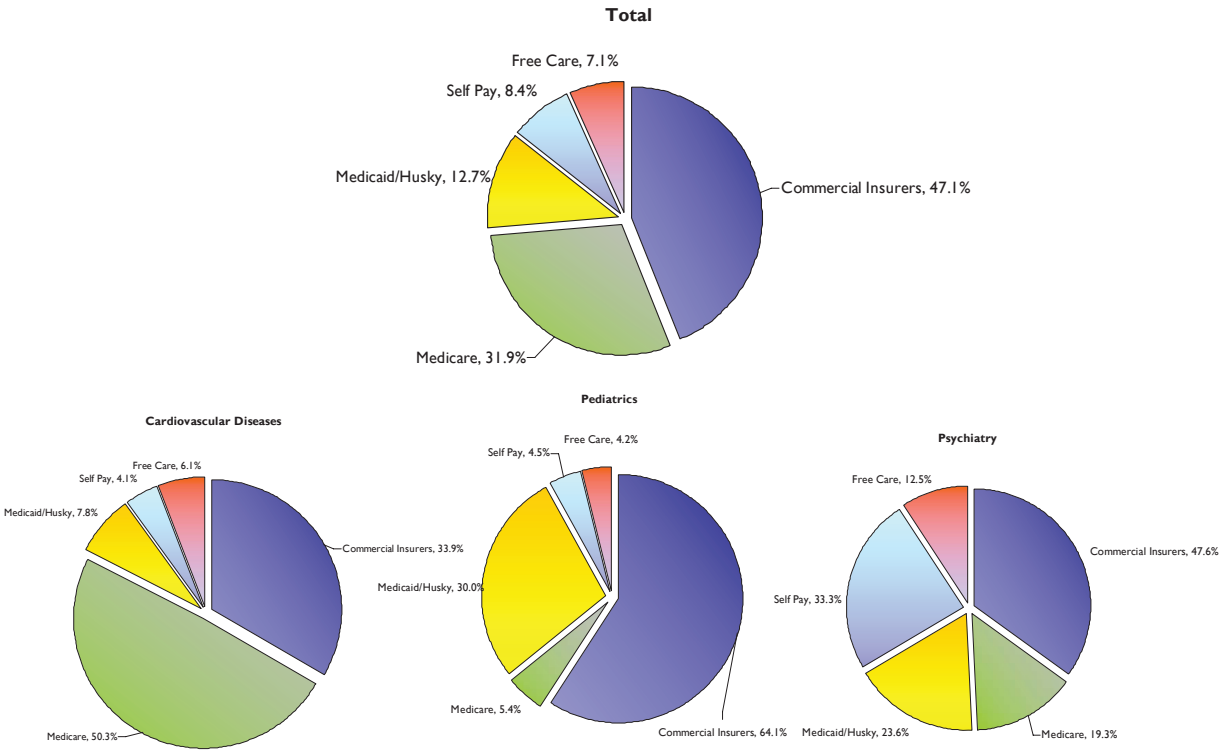
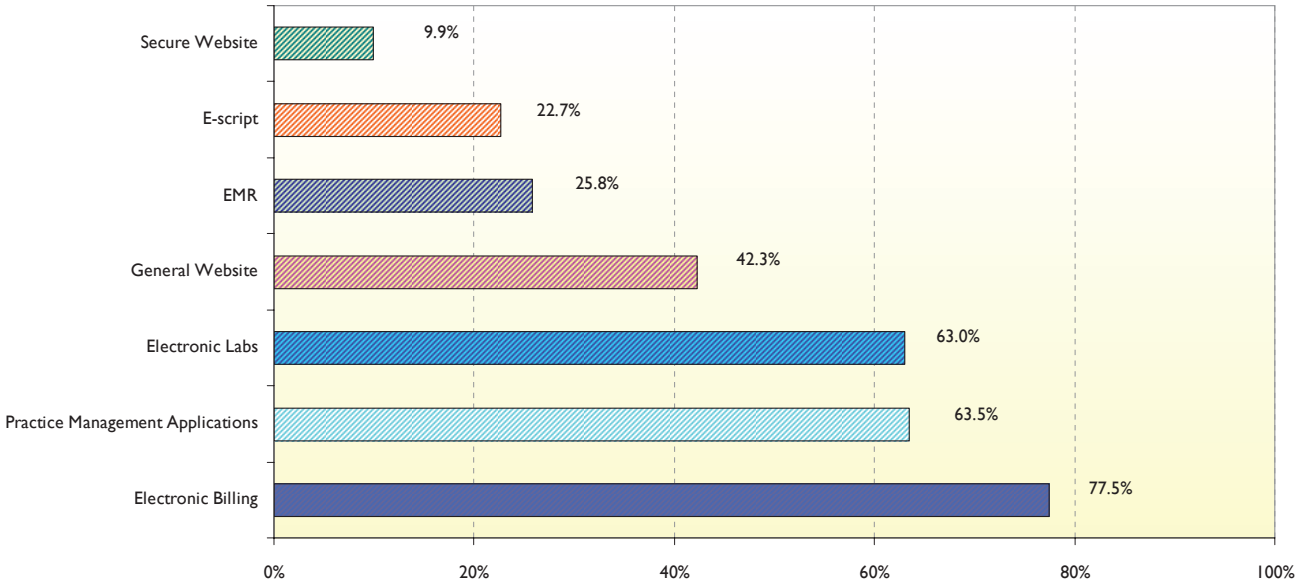


Figure 13. Percent of physicians using various technologies in their practice



II: Tables

Table 1. Demographic characteristics of the sample (N = 1075)

Gender	N	%
Male	209	80%
Female	866	19%
		100%
Age		
Under 35	13	1%
35–44	164	15%
45–54	372	35%
55–64	391	36%
65 +	135	13%
		100%
Employment		
Self employed	559	52%
Medical group	301	28%
Hospital	118	11%
Medical school	54	5%
Other	54	5%
		100%
Practice size		
Solo	226	21%
Small Group (2–5 physicians)	389	36%
Medium Group (6–20 physicians)	365	34%
Large Group (21+ physicians)	94	9%
Hours patient care (Mean)	42	

Specialty	N	%
Anesthesiology	40	4%
Cardiovascular Diseases	45	4%
Dermatology	52	5%
Emergency Medicine	23	2%
Family Medicine	87	8%
Gastroenterology	29	3%
General Surgery	103	10%
Internal Medicine	183	17%
Neurological Surgery	12	1%
Neurology	47	4%
Obstetrics & Gynecology	69	6%
Oncology	23	2%
Orthopaedic Surgery	95	9%
Pediatrics	100	9%
Psychiatry	71	7%
Radiology	53	5%
Urology	43	4%
County		
Fairfield	271	25%
Hartford	316	29%
Litchfield	44	4%
Middlesex	43	4%
New Haven	270	25%
New London	84	8%
Tolland	14	1%
Windham	33	3%
		100%

Table 2. Satisfaction with various aspects of life as a physician by specialty

	TOTAL	ANES	CD	DERM	EM	FM	GAS	GS	IM	NS	N	OBG	ONC	OS	PED	PSY	RAD	UR
1. How satisfied are you with your career in medicine?	**4.01**	**3.74**	**3.95**	**4.42**	**4.39**	**3.75**	**4.12**	**3.71**	**3.74**	**3.49**	**3.99**	**3.74**	**4.21**	**3.99**	**4.17**	**4.01**	**4.20**	**3.78**
95% CI Lower bound	3.88	3.40	3.64	4.14	3.98	3.53	3.75	3.49	3.57	2.92	3.69	3.48	3.80	3.76	3.96	3.76	3.91	3.47
Upper bound	4.14	4.08	4.25	4.70	4.81	3.97	4.50	3.93	3.92	4.06	4.29	3.99	4.63	4.22	4.39	4.26	4.48	4.09
2a. How likely to recommend practice in your specialty?	**3.20**	**3.19**	**3.11**	**3.70**	**3.51**	**2.82**	**3.54**	**2.71**	**2.82**	**2.53**	**3.15**	**2.62**	**3.02**	**3.40**	**3.23**	**3.18**	**3.55**	**3.26**
95% CI Lower bound	3.08	2.88	2.84	3.44	3.14	2.62	3.20	2.51	2.66	2.02	2.88	2.39	2.64	3.18	3.04	2.95	3.29	2.98
Upper bound	3.32	3.49	3.39	3.96	3.89	3.02	3.88	2.91	2.98	3.05	3.42	2.86	3.40	3.60	3.43	3.40	3.81	3.55
2b. How likely to recommend practice in CT?	**2.90**	**2.72**	**2.90**	**2.99**	**3.50**	**3.00**	**3.01**	**2.47**	**2.85**	**1.99**	**2.82**	**2.52**	**3.29**	**2.65**	**3.15**	**3.07**	**3.18**	**2.60**
95% CI Lower bound	2.79	2.42	2.63	2.73	3.13	2.80	2.68	2.27	2.69	1.48	2.55	2.29	2.92	2.44	2.96	2.84	2.92	2.33
Upper bound	3.02	3.03	3.17	3.24	3.86	3.20	3.35	2.66	3.00	2.50	3.09	2.75	3.66	2.86	3.34	3.29	3.43	2.88
3a. How satisfied with personal / professional balance?	**3.45**	**3.69**	**3.16**	**3.95**	**3.60**	**3.40**	**3.08**	**3.31**	**3.33**	**2.93**	**3.23**	**3.10**	**3.32**	**3.47**	**3.45**	**3.58**	**3.72**	**3.36**
95% CI Lower bound	3.32	3.34	2.85	3.65	3.17	3.17	2.69	3.08	3.15	2.34	2.91	2.83	2.88	3.22	3.23	3.31	3.42	3.03
Upper bound	3.59	4.04	3.48	4.24	4.03	3.63	3.47	3.54	3.51	3.52	3.54	3.36	3.75	3.71	3.67	3.84	4.02	3.69
3b. How satisfied with number of hours you work?	**3.31**	**3.21**	**2.97**	**3.81**	**3.53**	**3.29**	**2.98**	**2.99**	**3.16**	**2.89**	**3.18**	**3.05**	**3.08**	**3.33**	**3.31**	**3.53**	**3.51**	**3.00**
95% CI Lower bound	3.17	2.84	2.64	3.50	3.08	3.05	2.57	2.75	2.97	2.27	2.86	2.77	2.63	3.07	3.08	3.26	3.19	2.66
Upper bound	3.45	3.58	3.30	4.12	3.98	3.53	3.39	3.23	3.35	3.51	3.51	3.32	3.53	3.58	3.54	3.80	3.82	3.34
3c. How satisfied with malpractice environment in CT?	**2.26**	**2.56**	**2.04**	**2.67**	**2.68**	**2.18**	**2.12**	**1.61**	**2.32**	**1.31**	**2.09**	**1.58**	**2.68**	**2.05**	**2.51**	**2.97**	**2.23**	**1.95**
95% CI Lower bound	2.12	2.22	1.73	2.38	2.26	1.96	1.74	1.39	2.14	0.74	1.79	1.32	2.26	1.81	2.29	2.71	1.94	1.64
Upper bound	2.39	2.90	2.34	2.95	3.10	2.40	2.49	1.83	2.49	1.88	2.39	1.84	3.09	2.28	2.72	3.23	2.51	2.27
3d. How satisfied with ability to provide quality care?	**3.63**	**3.55**	**3.64**	**3.81**	**3.75**	**3.67**	**3.97**	**3.55**	**3.54**	**2.88**	**3.47**	**3.59**	**3.35**	**3.65**	**3.81**	**3.54**	**3.69**	**3.34**
95% CI Lower bound	3.50	3.20	3.33	3.51	3.33	3.45	3.59	3.33	3.37	2.31	3.16	3.33	2.93	3.41	3.59	3.29	3.40	3.02
Upper bound	3.76	3.89	3.95	4.10	4.16	3.89	4.35	3.77	3.72	3.46	3.77	3.84	3.77	3.88	4.02	3.79	3.98	3.66
3e. How satisfied with administrative requirements of medicine?	**2.66**	**2.40**	**2.33**	**2.90**	**3.07**	**2.48**	**2.63**	**2.37**	**2.59**	**2.25**	**2.59**	**2.58**	**2.48**	**2.65**	**2.68**	**2.54**	**2.83**	**2.50**
95% CI Lower bound	2.52	2.04	2.00	2.60	2.63	2.25	2.23	2.14	2.41	1.64	2.27	2.30	2.04	2.41	2.45	2.27	2.52	2.17
Upper bound	2.80	2.75	2.65	3.20	3.52	2.72	3.03	2.60	2.78	2.85	2.90	2.86	2.92	2.90	2.90	2.80	3.14	2.84
3f. How satisfied with net income as a physician?	**3.11**	**3.33**	**2.91**	**3.59**	**3.52**	**2.82**	**3.27**	**2.49**	**2.71**	**2.77**	**2.87**	**2.98**	**3.22**	**3.03**	**3.13**	**3.14**	**3.25**	**2.64**
95% CI Lower bound	2.97	2.95	2.57	3.27	3.06	2.58	2.85	2.24	2.51	2.14	2.53	2.69	2.76	2.77	2.89	2.86	2.93	2.29
Upper bound	3.26	3.71	3.25	3.91	3.98	3.07	3.69	2.73	2.90	3.41	3.20	3.26	3.69	3.28	3.37	3.41	3.57	2.99

Response categories for Questions 1, 3a - 3f: 1 = not at all satisfied, 2 = not very satisfied, 3 = somewhat satisfied, 4 = satisfied, 5 = very satisfied
Response categories for Questions 2a & 2b: 1 = not at all likely, 2 = not very likely, 3 = somewhat likely, 4 = very likely

Differences by specialty significant at .05 level

Table 3. Satisfaction with career in medicine by county, gender, age and practice size

		COUNTY								GENDER		AGE				PRACTICE SIZE			
	TOTAL	Fairfield	Hartford	Litchfield	Middlesex	New Haven	New London	Tolland	Windham	Women	Men	35-44	45-54	55-64	65+	SOLO	SMALL GRP	MED GRP	LARGE GRP
1. How satisfied are you with your career in medicine?	**4.01**	**3.87**	**4.01**	**3.73**	**4.02**	**4.07**	**3.97**	**3.86**	**4.19**	**4.04**	**3.89**	**3.78**	**3.85**	**4.05**	**4.38**	**3.75**	**3.94**	**4.12**	**4.25**
95% CI Lower bound	3.88	3.74	3.88	3.42	3.71	3.93	3.75	3.34	3.84	3.87	3.78	3.60	3.70	3.89	4.17	3.57	3.79	3.97	4.01
Upper bound	4.14	4.01	4.14	4.03	4.33	4.20	4.19	4.38	4.54	4.22	4.01	3.97	4.00	4.21	4.60	3.93	4.09	4.28	4.50
2a. How likely to recommend practice in your specialty?	**3.20**	**3.07**	**3.17**	**2.96**	**3.26**	**3.24**	**3.15**	**3.07**	**3.19**	**3.19**	**3.08**	**3.22**	**3.06**	**3.20**	**3.38**	**3.12**	**3.05**	**3.31**	**3.39**
95% CI Lower bound	3.08	2.94	3.05	2.68	2.97	3.12	2.95	2.59	2.87	3.03	2.98	3.05	2.92	3.06	3.19	2.96	2.91	3.16	3.17
Upper bound	3.32	3.19	3.29	3.23	3.54	3.36	3.35	3.54	3.51	3.36	3.18	3.39	3.19	3.35	3.58	3.28	3.18	3.45	3.62
2b. How likely to recommend practice in CT?	**2.90**	**2.70[b]**	**2.84**	**2.69**	**3.04**	**2.96**	**2.76**	**2.86**	**3.07**	**3.01[c]**	**2.73**	**2.83**	**2.79**	**2.89**	**3.21**	**2.79**	**2.82**	**2.99**	**3.13**
95% CI Lower bound	2.79	2.58	2.72	2.42	2.76	2.84	2.56	2.39	2.75	2.84	2.63	2.67	2.66	2.75	3.02	2.63	2.69	2.85	2.91
Upper bound	3.02	2.82	2.96	2.96	3.32	3.08	2.96	3.32	3.38	3.16	2.83	3.00	2.93	3.04	3.40	2.95	2.96	3.13	3.35
3a. How satisfied with personal / professional balance?	**3.45**	**3.32**	**3.34**	**3.13**	**3.51**	**3.50**	**3.41**	**3.35**	**3.57**	**3.4**	**3.38**	**3.23**	**3.20**	**3.43**	**3.91**	**3.31**	**3.49**	**3.47**	**3.50**
95% CI Lower bound	3.32	3.18	3.21	2.82	3.19	3.36	3.17	2.81	3.20	3.22	3.26	3.04	3.04	3.26	3.68	3.12	3.33	3.30	3.25
Upper bound	3.59	3.46	3.48	3.45	3.84	3.64	3.65	3.90	3.94	3.59	3.5	3.43	3.35	3.60	4.13	3.50	3.64	3.63	3.76
3b. How satisfied with number of hours you work?	**3.31**	**3.16**	**3.16**	**3.05**	**3.35**	**3.33**	**3.15**	**3.39**	**3.21**	**3.28**	**3.17**	**3.14**	**3.08**	**3.26**	**3.70**	**3.23**	**3.21**	**3.38**	**3.35**
95% CI Lower bound	3.17	3.02	3.02	2.72	3.01	3.18	2.90	2.82	2.83	3.09	3.05	2.94	2.91	3.08	3.47	3.04	3.05	3.22	3.08
Upper bound	3.45	3.31	3.30	3.37	3.69	3.48	3.39	3.96	3.59	3.47	3.29	3.34	3.24	3.43	3.94	3.43	3.37	3.55	3.62
3c. How satisfied with malpractice environment in CT?	**2.26**	**1.94[b]**	**2.25**	**2.34**	**2.33**	**2.29**	**2.01**	**2.14**	**2.37**	**2.32[c]**	**2.09**	**2.32**	**2.16**	**2.22**	**2.46**	**2.28**	**2.14**	**2.35**	**2.39**
95% CI Lower bound	2.12	1.80	2.12	2.03	2.01	2.16	1.79	1.61	2.02	2.14	1.98	2.14	2.00	2.06	2.24	2.10	1.99	2.20	2.14
Upper bound	2.39	2.07	2.38	2.64	2.65	2.43	2.23	2.66	2.72	2.5	2.21	2.51	2.31	2.38	2.68	2.46	2.29	2.51	2.63
3d. How satisfied with ability to provide quality care?	**3.63**	**3.41**	**3.65**	**3.59**	**3.66**	**3.64**	**3.66**	**3.60**	**3.40**	**3.61**	**3.54**	**3.44**	**3.51**	**3.64**	**3.93**	**3.55**	**3.55**	**3.66**	**3.76**
95% CI Lower bound	3.50	3.27	3.51	3.28	3.35	3.50	3.43	3.07	3.05	3.43	3.43	3.25	3.36	3.48	3.71	3.37	3.40	3.50	3.51
Upper bound	3.76	3.54	3.78	3.89	3.98	3.77	3.89	4.13	3.76	3.79	3.66	3.63	3.66	3.81	4.15	3.74	3.71	3.82	4.01
3e. How satisfied with administrative requirements of medicine?	**2.66**	**2.48**	**2.73**	**2.36**	**2.77**	**2.62**	**2.53**	**2.77**	**2.40**	**2.58**	**2.58**	**2.68**	**2.53**	**2.56**	**2.82**	**2.63**	**2.50**	**2.74**	**2.71**
95% CI Lower bound	2.52	2.33	2.59	2.03	2.44	2.47	2.29	2.22	2.02	2.39	2.46	2.48	2.37	2.39	2.59	2.44	2.35	2.58	2.45
Upper bound	2.80	2.62	2.86	2.68	3.10	2.76	2.77	3.33	2.77	2.76	2.71	2.88	2.69	2.73	3.05	2.82	2.66	2.91	2.98
3f. How satisfied with net income as a physician?	**3.11**	**2.84**	**3.12**	**2.87**	**3.32**	**2.98**	**3.10**	**3.12**	**2.97**	**2.95**	**3.12**	**3.11**	**2.98**	**3.13**	**3.19**	**2.88**	**2.90**	**3.27**	**3.35**
95% CI Lower bound	2.97	2.69	2.97	2.54	2.97	2.83	2.85	2.53	2.58	2.76	3	2.90	2.81	2.95	2.96	2.68	2.73	3.10	3.08
Upper bound	3.26	2.99	3.26	3.21	3.67	3.13	3.35	3.70	3.36	3.15	3.25	3.31	3.15	3.31	3.43	3.08	3.06	3.45	3.63

Response categories for Questions 1, 3a - 3f: 1 = not at all satisfied, 2 = not very satisfied, 3 = somewhat satisfied, 4 = satisfied, 5 = very satisfied
Response categories for Questions 2a & 2b: 1 = not at all likely, 2 = not very likely, 3 = somewhat likely, 4 = very likely

Differences by county significant at .05 level
Differences by gender significant at .05 level
Differences by age signifcant at .05 level
Differences by practice size significant at .05 level

Table 4. Percent contemplating career change because of practice environment, by specialty, county, gender, and age

	SPECIALTY[a]																	
	ANES	CD	DERM	EM	FM	GAS	GS	IM	NS	N	OBG	ONC	OS	PED	PSY	RAD	UR	Total
Yes	17.5%	22.2%	7.7%	8.7%	18.4%	17.2%	32.4%	21.5%	33.3%	14.9%	20.6%	21.7%	26.3%	11.1%	9.9%	15.4%	16.3%	19.3%
No	65.0%	55.6%	76.9%	78.3%	63.2%	58.6%	51.0%	64.6%	41.7%	66.0%	57.4%	69.6%	63.2%	78.8%	71.8%	73.1%	58.1%	65.1%
Not sure	17.5%	22.2%	15.4%	13.0%	18.4%	24.1%	16.7%	13.8%	25.0%	19.1%	22.1%	8.7%	10.5%	10.1%	18.3%	11.5%	25.6%	15.6%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	40	45	52	23	87	29	102	181	12	47	68	23	95	100	71	52	42	1071

[a] Chi square = 52.2, df = 32, p = .014

	COUNTY[a]								GENDER[b]		AGE[c]			
	Fairfield	Hartford	Litchfield	Middlesex	New Haven	New London	Tolland	Windham	Women	Men	35 - 44	45 - 54	55 - 64	65+
Yes	21.9%	18.7%	25.0%	11.6%	16.1%	19.3%	14.3%	27.3%	16.9%	19.6%	20.2%	22.2%	19.6%	8.9%
No	61.5%	65.7%	61.4%	72.1%	67.4%	61.4%	71.4%	63.6%	66.2%	64.5%	63.2%	60.0%	64.9%	77.8%
Not sure	16.7%	15.6%	13.6%	16.3%	16.5%	19.3%	14.3%	9.1%	16.9%	15.9%	16.6%	17.8%	15.5%	13.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	271	314	44	43	268	82	14	33	207	862	163	370	389	135

[a] Chi square = 9.1, df = 14, p = .827
[b] Chi square = 0.82, df = 2, p = .665
[c] Chi square = 17.9, df = 8, p = .022

Table 5. Percent planning to move because of practice environment, by specialty, county, gender, and age

	SPECIALTY[a]																	
	ANES	CD	DERM	EM	FM	GAS	GS	IM	NS	N	OBG	ONC	OS	PED	PSY	RAD	UR	Total
Yes	12.5%	6.7%	11.8%		9.2%	6.9%	15.8%	12.2%	8.3%	10.6%	11.8%	4.3%	12.9%	9.0%	7.0%	9.6%	4.8%	10.8%
No	65.0%	73.3%	76.5%	78.3%	73.6%	82.8%	51.5%	74.6%	58.3%	76.6%	58.8%	78.3%	67.7%	76.0%	77.5%	69.2%	76.2%	71.0%
Not sure	22.5%	20.0%	11.8%	21.7%	17.2%	10.3%	32.7%	13.3%	33.3%	12.8%	29.4%	17.4%	19.4%	15.0%	15.5%	21.2%	19.0%	18.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	40	45	51	23	87	29	101	181	12	47	68	23	93	100	71	52	42	1071

[a] Chi square = 45.1, df = 32, p = .062

	COUNTY[a]								GENDER[b]		AGE[c]			
	Fairfield	Hartford	Litchfield	Middlesex	New Haven	New London	Tolland	Windham	Women	Men	35 - 44	45 - 54	55 - 64	65+
Yes	13.3%	9.2%	16.3%	2.3%	10.2%	10.8%	7.1%		8.2%	10.9%	16.0%	11.9%	9.3%	2.3%
No	66.7%	73.7%	58.1%	83.7%	74.0%	63.9%	64.3%	71.9%	72.1%	70.5%	61.7%	67.1%	72.3%	88.0%
Not sure	20.0%	17.1%	25.6%	14.0%	15.8%	25.3%	28.6%	28.1%	19.7%	18.7%	22.2%	21.0%	18.4%	9.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	271	314	44	43	268	82	14	33	207	862	163	370	389	135

[a] Chi square = 21.9, df = 14, p = .081
[b] Chi square = 1.3, df = 2, p = .516
[c] Chi square = 31.0, df = 8, p = .000

Table 6. Percent changing work hours over past 3 years, by specialty, county, gender, and age

	SPECIALTY[a]																	
	ANES	CD	DERM	EM	FM	GAS	GS	IM	NS	N	OBG	ONC	OS	PED	PSY	RAD	UR	Total
Increase	52.5%	51.1%	32.7%	47.8%	47.1%	37.9%	54.9%	46.4%	75.0%	51.1%	47.1%	65.2%	48.4%	33.0%	33.8%	55.8%	71.4%	46.1%
Decrease	5.0%	11.1%	15.4%	8.7%	13.8%	17.2%	13.7%	12.7%		17.0%	13.2%	8.7%	13.7%	13.0%	26.8%	17.3%	2.4%	13.9%
No change	42.5%	37.8%	51.9%	43.5%	39.1%	44.8%	31.4%	40.9%	25.0%	31.9%	39.7%	26.1%	37.9%	54.0%	39.4%	26.9%	26.2%	40.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	40	45	51	23	87	29	101	181	12	47	68	23	93	100	71	52	42	1071

[a] Chi square = 56.6, df = 32, p = .005

	COUNTY[a]								GENDER[b]		AGE[c]			
	Fairfield	Hartford	Litchfield	Middlesex	New Haven	New London	Tolland	Windham	Women	Men	35 - 44	45 - 54	55 - 64	65+
Increase	46.9%	48.4%	45.5%	51.2%	46.6%	50.0%	28.6%	45.5%	50.2%	46.6%	20.2%	22.2%	19.6%	8.9%
Decrease	11.8%	14.6%	15.9%	14.0%	14.2%	13.4%	7.1%	12.1%	12.1%	13.9%	63.2%	60.0%	64.9%	77.8%
No change	41.3%	36.9%	38.6%	34.9%	39.2%	36.6%	64.3%	42.4%	37.7%	39.4%	16.6%	17.8%	15.5%	13.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	271	314	44	43	268	82	14	33	207	862	163	370	389	135

[a] Chi square = 6.5, df = 14, p = .952
[b] Chi square = 1.0, df = 2, p = .604
[c] Chi square = 110.7, df = 8, p = .000

Table 7. Changes in number of physicians in specialty area over past 3 years, by specialty and county

	SPECIALTY																	
	ANES	CD	DERM	EM	FM	GAS	GS	IM	NS	N	OBG	ONC	OS	PED	PSY	RAD	UR	Total
Stayed same	52.5%	34.1%	49.0%	60.9%	47.6%	35.7%	45.1%	38.6%	33.3%	36.2%	32.8%	34.8%	37.2%	53.0%	34.4%	59.6%	55.8%	42.6%
Increased	17.5%	59.1%	23.5%	34.8%	15.5%	53.6%	22.5%	23.3%	8.3%	27.7%	14.1%	43.5%	44.7%	30.0%	20.3%	23.1%	25.6%	25.4%
Decreased	30.0%	6.8%	27.5%	4.3%	36.9%	10.7%	32.4%	38.1%	58.3%	36.2%	53.1%	21.7%	18.1%	17.0%	45.3%	17.3%	18.6%	32.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	40	44	51	23	84	28	102	176	12	47	64	23	94	100	64	52	43	1049

Chi square = 127.3, df = 32, p = .000

	COUNTY[a]							
	Fairfield	Hartford	Litchfield	Middlesex	New Haven	New London	Tolland	Windham
Stayed same	44.4%	39.6%	46.5%	38.1%	48.0%	36.1%	35.7%	57.6%
Increased	31.0%	32.5%	9.3%	23.8%	25.8%	21.7%	35.7%	.0%
Decreased	24.6%	27.9%	44.2%	38.1%	26.2%	42.2%	28.6%	42.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	268	308	43	42	256	83	14	33

[a] Chi square = 39.6, df = 14, p = .000

Table 8. Reasons for the increases and decreases in the number of physicians in your specialty

		Total Sample	
		Increase	Decrease
Reason for Increase/Decrease			
a) Income potential	Mean	2.82	3.43
	95% CI	(2.71, 2.93)	(3.35, 3.51)
b) malpractice environment in CT	Mean	2.31	3.40
	95% CI	(2.2, 2.42)	(3.31, 3.49)
c) cost of living in your area	Mean	2.59	3.33
	95% CI	(2.48, 2.7)	(3.24, 3.42)
d) quality of life in your area	Mean	3.26	2.68
	95% CI	(3.16, 3.36)	(2.58, 2.78)
e) managed care environment	Mean	2.39	3.37
	95% CI	(2.29, 2.49)	(3.29, 3.46)
f) overall appeal of the specialty	Mean	3.31	3.11
	95% CI	(3.21, 3.41)	(3.01, 3.21)

Table 9. Difficulty for practices to recruit physicians in your specialty, by specialty, county, and practice size

	SPECIALTY																	
	ANES	CD	DERM	EM	FM	GAS	GS	IM	NS	N	OBG	ONC	OS	PED	PSY	RAD	UR	Total
Very difficult	32.5%	30.2%	47.1%	4.5%	38.0%	39.3%	35.1%	35.2%	72.7%	45.7%	35.5%	39.1%	38.6%	18.1%	39.3%	22.0%	61.9%	34.5%
Somewhat difficult	57.5%	34.9%	33.3%	68.2%	50.6%	50.0%	49.5%	48.3%	27.3%	43.5%	43.5%	34.8%	42.0%	48.9%	42.6%	58.0%	33.3%	46.9%
Not difficult	10.0%	34.9%	19.6%	27.3%	11.4%	10.7%	15.5%	16.4%	.0%	10.9%	21.0%	26.0%	19.3%	33.0%	18.0%	20.0%	4.8%	18.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	40	43	51	22	79	28	97	176	11	46	62	23	88	94	61	50	42	1015

(Chi square = 92.8, df = 51, p = .000) 3.0%

	COUNTY[a]								PRACTICE SIZE [b]			
	Fair	Hart	Litch	Midd	NH	NL	Tolland	Wind	SOLO	SMALL GRP	MED GRP	LARGE GRP
Very difficult	33.8%	34.4%	40.5%	23.8%	28.7%	53.0%	50.0%	71.9%	33.8%	43.2%	29.3%	31.5%
Somewhat difficult	46.5%	49.8%	50.0%	54.8%	44.6%	38.6%	33.3%	28.1%	44.1%	42.4%	50.0%	51.1%
Not difficult	19.6%	15.8%	9.5%	21.4%	26.7%	8.4%	16.7%	.0%	22.1%	14.4%	20.7%	17.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	260	291	42	42	251	83	12	32	204	368	348	92

[a] Chi square = 62.2, df = 14, p = .000
[b] Chi square = 19.1, df = 6, p = .004

Table 10. Time to recruit new physicians in your practice in months, by specialty

	Recruitment time in months			
		95% Confidence Interval		
Specialty [a]	Mean	Lower Bound	Upper Bound	N
Anesthesiology	9.3	4.9	13.8	32
Cardiovascular Diseases	17.8	13.4	22.1	34
Dermatology	21.4	16.6	26.1	27
Emergency Medicine	6.8	1.1	12.5	18
Family Medicine	15.5	12.1	18.9	54
Gastroenterology	20.5	15.6	25.5	25
General Surgery	18.4	15.1	21.6	62
Internal Medicine	15.3	12.6	17.9	109
Neurological Surgery	23.3	15.3	31.3	9
Neurology	22.2	17.7	26.6	32
Obstetrics & Gynecology	18.9	15.0	22.8	45
Oncology	14.7	9.4	19.9	22
Orthopaedic Surgery	23.7	20.5	27.0	65
Pediatrics	12.2	9.0	15.5	68
Psychiatry	13.3	8.8	17.7	33
Radiology	11.9	7.9	16.0	39
Urology	24.7	20.5	28.9	36
TOTAL	17.1	15.4	18.7	710

[a] F = 6.12, df = 16, p = .000

Table 11. Ability to retain existing staff of physicians over past 3 years, by specialty, county, and practice size

	ANES	CD	DERM	EM	FM	GAS	GS	IM	NS	N	OBG	ONC	OS	PED	PSY	RAD	UR	Total
Stayed same	65.0%	72.7%	85.4%	70.0%	65.4%	67.9%	57.3%	62.4%	60.0%	65.9%	59.3%	65.2%	69.0%	74.2%	66.7%	63.5%	54.8%	65.0%
Improved	.0%	2.3%	.0%	10.0%	2.6%	.0%	2.2%	5.5%	10.0%	.0%	5.1%	.0%	3.4%	3.2%	4.4%	5.8%	.0%	3.2%
Worsened	35.0%	25.0%	14.6%	20.0%	32.1%	32.1%	40.4%	32.1%	30.0%	34.1%	35.6%	34.8%	27.6%	22.6%	28.9%	30.8%	45.2%	31.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	40	44	41	20	78	28	89	165	10	44	59	23	87	93	45	52	42	962

(Chi square = 36.6, df = 34, p = .347)

	COUNTY[a]								PRACTICE SIZE [b]			
	Fairfield	Hartford	Litchfield	Middlesex	New Haven	New London	Tolland	Windham	SOLO	SMALL GRP	MED GRP	LARGE GRP
Stayed same	71.7%	63.0%	47.4%	85.0%	67.9%	57.1%	50.0%	51.6%	67.5%	61.9%	68.4%	68.1%
Improved	2.0%	4.6%	5.3%	2.5%	3.0%	1.3%	16.7%	.0%	1.9%	1.9%	5.6%	2.2%
Worsened	26.3%	32.4%	47.4%	12.5%	29.1%	41.6%	33.3%	48.4%	30.5%	36.2%	26.0%	29.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	3.0%
	247	281	38	40	234	77	12	31	154.0	373.0	342.0	91.0

[a] Chi square = 39.6, df = 14, p = .000
[b] Chi square = 16.3, df = 6, p = .012

Table 12. Percent reducing the number of high risk services due to liability concerns, by specialty and county

	ANES	CD	DERM	EM	FM	GAS	GS	IM	NS	N	OBG	ONC	OS	PED	PSY	RAD	UR	Total
No	82.1%	66.7%	64.0%	86.4%	56.0%	62.1%	36.9%	69.9%	25.0%	72.3%	46.3%	82.6%	34.4%	73.0%	73.5%	76.5%	34.9%	62.1%
Yes	17.9%	33.3%	36.0%	13.6%	44.0%	37.9%	63.1%	30.1%	75.0%	27.7%	53.7%	17.4%	65.6%	27.0%	26.5%	23.5%	65.1%	37.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	39	45	50	22	84	29	103	176	12	47	67	23	93	100	68	51	43	1052

(Chi square = 120.4, df = 16, p = .000)

	COUNTY							
	Fairfield	**Hartford**	**Litchfield**	**Middlesex**	**New Haven**	**New London**	**Tolland**	**Windham**
No	52.1%	68.3%	56.8%	50.0%	65.5%	54.2%	50.0%	48.4%
Yes	47.9%	31.7%	43.2%	50.0%	34.5%	45.8%	50.0%	51.6%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	265	306	44	42	267	83	14	31

Chi square = 24.6, df = 7, p = .001

Table 13. Percent reducing the number of hours of patient care due to liability concerns, by specialty and county

	ANES	CD	DERM	EM	FM	GAS	GS	IM	NS	N	OBG	ONC	OS	PED	PSY	RAD	UR	Total
No	100.0%	97.8%	96.2%	95.5%	92.9%	93.1%	92.2%	89.4%	100.0%	85.1%	86.6%	100.0%	89.2%	96.9%	84.5%	88.0%	90.7%	91.1%
Yes	.0%	2.2%	3.8%	4.5%	7.1%	6.9%	7.8%	10.6%	.0%	14.9%	13.4%	.0%	10.8%	3.1%	15.5%	12.0%	9.3%	8.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	39	45	52	22	85	29	103	180	12	47	67	23	93	98	71	50	43	1059

(Chi square = 26.9, df = 16, p = .043)

	COUNTY							
	Fairfield	**Hartford**	**Litchfield**	**Middlesex**	**New Haven**	**New London**	**Tolland**	**Windham**
No	90.3%	92.6%	95.5%	85.7%	91.8%	91.6%	92.9%	93.8%
Yes	9.7%	7.4%	4.5%	14.3%	8.2%	8.4%	7.1%	6.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	267	309	44	42	268	83	14	32

Chi square = 24.6, df = 7, p = .001

Table 14. Percent reducing the number of hours of patient care due to liability concerns, by specialty and county

	ANES	CD	DERM	EM	FM	GAS	GS	IM	NS	N	OBG	ONC	OS	PED	PSY	RAD	UR	Total
No	100.0%	97.8%	96.2%	95.5%	92.9%	93.1%	92.2%	89.4%	100.0%	85.1%	86.6%	100.0%	89.2%	96.9%	84.5%	88.0%	90.7%	91.1%
Yes	.0%	2.2%	3.8%	4.5%	7.1%	6.9%	7.8%	10.6%	.0%	14.9%	13.4%	.0%	10.8%	3.1%	15.5%	12.0%	9.3%	8.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	39	45	52	22	85	29	103	180	12	47	67	23	93	98	71	50	43	1059

(Chi square = 26.9, df = 16, p = .043)

	COUNTY							
	Fairfield	**Hartford**	**Litchfield**	**Middlesex**	**New Haven**	**New London**	**Tolland**	**Windham**
No	90.3%	92.6%	95.5%	85.7%	91.8%	91.6%	92.9%	93.8%
Yes	9.7%	7.4%	4.5%	14.3%	8.2%	8.4%	7.1%	6.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	267	309	44	42	268	83	14	32

Chi square = 24.6, df = 7, p = .001

Table 15. Percent saying liability premiums very burdensome, by specialty

	ANES	CD	DERM	EM	FM	GAS	GS	IM	NS	N	OBG	ONC	OS	PED	PSY	RAD	UR	Total
No	92.5%	64.4%	96.2%	82.6%	70.1%	69.0%	29.1%	74.3%	8.3%	63.8%	33.3%	95.7%	50.5%	80.0%	88.7%	69.8%	60.5%	67.1%
Yes	7.5%	35.6%	3.8%	17.4%	29.9%	31.0%	70.9%	25.7%	91.7%	36.2%	66.7%	4.3%	49.5%	20.0%	11.3%	30.2%	39.5%	32.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	40	45	52	23	87	29	103	183	12	47	69	23	95	100	71	53	43	1075

(Chi square = 201.8, df = 16, p = .000)

Table 16. Wait in days for appointments for routine office visits, by specialty and county

	New Patients				Existing Patients			
		95% Confidence				95% Confidence		
	Mean	Lower Bound	Upper Bound	N	Mean	Lower Bound	Upper Bound	N
TOTAL	17.3	14.8	19.9	864	10.7	8.7	12.2	865
Specialty [a,b]								
Anesthesiology	10.6	-2.8	24.1	8	7.5	-3.2	18.2	6
Cardiovascular Diseases	14.3	8.2	20.3	42	14.3	10.1	18.4	43
Dermatology	31.8	26.1	37.5	49	13.5	9.6	17.4	50
Emergency Medicine	8.4	-8.6	25.4	5	3.8	-9.3	17.0	4
Family Medicine	9.8	4.9	14.7	62	3.4	0.2	6.6	72
Gastroenterology	23.7	16.0	31.3	26	13.8	8.7	18.9	28
General Surgery	9.5	5.2	13.7	99	6.7	3.7	9.6	93
Internal Medicine	17.2	13.5	21.0	135	6.3	3.8	8.8	145
Neurological Surgery	16.0	4.9	27.1	12	15.3	7.6	23.0	12
Neurology	29.2	23.2	35.2	44	18.0	13.9	22.1	45
Obstetrics & Gynecology	27.4	22.3	32.6	64	18.3	14.7	21.9	62
Oncology	12.9	4.5	21.2	22	8.3	2.4	14.1	21
Orthopaedic Surgery	14.8	10.3	19.3	86	8.9	5.7	12.1	79
Pediatrics	15.1	10.6	19.6	83	10.4	7.3	13.6	81
Psychiatry	19.2	13.2	25.2	45	8.3	4.3	12.2	51
Radiology	4.4	-2.0	10.7	39	3.0	-1.7	7.7	33
Urology	20.9	14.9	27.0	43	15.1	10.7	19.4	40
		95% Confidence				95% Confidence		
County [c]	Mean	Lower Bound	Upper Bound	N	Mean	Lower Bound	Upper Bound	N
Fairfield	10.5	7.6	13.3	228	8.6	6.6	10.6	222
Hartford	19.8	17.1	22.6	254	12.1	10.2	14.1	260
Litchfield	10.1	3.3	16.9	32	8.9	4.2	13.7	32
Middlesex	17.9	10.6	25.2	29	11.4	6.5	16.4	31
New Haven	17.5	14.5	20.4	216	10.0	8.0	12.1	212
New London	17.1	12.3	21.9	66	10.5	7.2	13.8	68
Tolland	17.1	5.5	28.6	11	9.1	1.1	17.1	11
Windham	24.3	16.9	31.7	28	11.5	6.4	16.6	29

[a] Wait times for new patients differed significantly by specialty ($F = 7.34$, $df = 16$, $p = .000$)
[b] Wait times for existing patients differed significantly by specialty ($F = 6.47$, $df = 16$, $p = .000$)
[c] Wait times for new patients differed significantly by county ($F = 5.45$, $df = 7$, $p = .000$)

Table 17. Difficulty in obtain referrals/consultations over past 3 years, by specialty

	ANES	CD	DERM	EM	FM	GAS	GS	IM	NS	N	OBG	ONC	OS	PED	PSY	RAD	UR	Total
Stayed same	73.5%	50.0%	72.9%	10.5%	44.7%	65.4%	53.5%	48.5%	50.0%	70.5%	51.6%	54.5%	59.3%	27.6%	46.9%	65.9%	65.1%	49.7%
Less difficult	.0%	2.3%	4.2%	.0%	3.5%	.0%	1.0%	4.7%	8.3%	2.3%	.0%	.0%	3.3%	.0%	1.6%	.0%	.0%	2.4%
More difficult	26.5%	47.7%	22.9%	89.5%	51.8%	34.6%	45.5%	46.8%	41.7%	27.3%	48.4%	45.5%	37.4%	72.4%	51.6%	34.1%	34.9%	48.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	34	44	48	19	85	26	99	171	12	44	64	22	91	98	64	41	43	1007

(Chi square = 94.8, df = 34, p = .000)

Table 18. Reasons for the increases and decreases in the number of physicians in your specialty

Reason for difficulty in obtaining referrals/consultations		
a) Reimbursement rates	Mean	3.36
	95% CI	(3.29, 3.43)
b) malpractice concerns	Mean	2.83
	95% CI	(2.75, 2.91)
c) Health plan restrictions	Mean	3.57
	95% CI	(3.50, 3.63)
d) Supply of physicians in some areas	Mean	3.41
	95% CI	(3.33, 3.49)
	Mean	3.13
	95% CI	(3.05, 3.21)

Table 19. Ratings of support for approaches to ensuring health care coverage for Connecticut citizens by specialty

Do you support or oppose the following approaches to providing health coverage for all CT residents?		SPECIALTY																
	TOTAL	ANES	CD	DERM	EM	FM	GAS	GS	IM	NS	N	OBG	ONC	OS	PED	PSY	RAD	UR
a. Expanding current safety net programs	5.00	4.86	5.63	4.42	5.67	5.36	4.60	4.98	5.02	3.76	4.99	5.87	5.09	4.01	6.03	5.87	5.22	4.10
95% CI Lower bound	4.80	4.22	5.04	3.87	4.86	4.92	3.86	4.55	4.71	2.66	4.41	5.36	4.27	3.57	5.62	5.38	4.65	3.48
Upper bound	5.20	5.50	6.22	4.97	6.48	5.81	5.34	5.40	5.33	4.87	5.56	6.37	5.91	4.46	6.44	6.35	5.78	4.72
b. Establishing a single insurance plan for all CT	4.15	2.68	4.52	3.60	5.28	5.06	4.04	4.93	4.80	3.06	4.80	4.05	3.43	3.08	5.14	5.24	3.97	3.67
95% CI Lower bound	3.93	1.96	3.86	2.99	4.38	4.58	3.23	4.46	4.45	1.84	4.16	3.49	2.52	2.59	4.69	4.72	3.35	2.99
Upper bound	4.36	3.39	5.18	4.21	6.17	5.55	4.86	5.40	5.14	4.29	5.44	4.60	4.35	3.58	5.59	5.77	4.60	4.36
c. Creating insurance pool for uninsured, Medicaid, while leaving insured on current plans	5.31	5.55	5.42	5.01	5.04	5.41	5.46	5.38	5.17	4.96	5.07	5.77	5.37	5.15	5.70	5.59	5.34	4.98
95% CI Lower bound	5.14	4.99	4.90	4.54	4.34	5.03	4.82	5.01	4.90	4.00	4.57	5.33	4.66	4.77	5.35	5.17	4.86	4.45
Upper bound	5.48	6.10	5.94	5.49	5.73	5.79	6.10	5.75	5.44	5.91	5.57	6.21	6.08	5.54	6.06	6.00	5.83	5.51

Response categories 1 = strongly oppose, 7 = support

Differences by specialty significant at .05 level

Table 20. Ratings of support for approaches to ensuring health care coverage for CT citizens, by age, gender, and practice size

Do you support or oppose the following approaches to providing health coverage for all CT residents?		AGE				GENDER		PRACTICE SIZE			
	TOTAL	35-44	45-54	55-64	65+	Women	Men	Solo	Small	Medium	Large
a. Expanding current safety net programs	5.00	4.69	4.90	5.01	5.52	5.26	4.79	4.56	4.88	5.25	5.42
95% CI Lower bound	4.80	4.37	4.65	4.74	5.13	4.94	4.62	4.24	4.63	5.00	4.98
Upper bound	5.20	5.02	5.14	5.27	5.90	5.58	4.97	4.87	5.13	5.51	5.86
b. Establishing a single insurance plan for all CT residents	4.15	3.90	3.92	4.29	4.68	4.21	4.19	3.88	4.15	4.51	4.25
95% CI Lower bound	3.93	3.54	3.65	4.00	4.25	3.85	3.99	3.53	3.87	4.23	3.76
Upper bound	4.36	4.26	4.19	4.59	5.10	4.56	4.39	4.22	4.44	4.79	4.73
c. Creating insurance pool for uninsured, Medicaid, while leaving insured on current plans	5.31	4.92	5.17	5.41	5.76	5.43	5.21	5.12	5.26	5.34	5.55
95% CI Lower bound	5.14	4.64	4.96	5.18	5.42	5.15	5.05	4.85	5.03	5.12	5.17
Upper bound	5.48	5.21	5.38	5.64	6.10	5.70	5.36	5.39	5.48	5.56	5.93

Response categories 1 = strongly oppose, 7 = support

Differences by age significant at .05 level
Differences by gender significant at .05 level
Differences by practice size significant at .05 level

Table 21. Ratings of the importance of various reforms for improving the health care system in Connecticut, by specialty

How important are the following for improving healthcare system in CT?	TOTAL	SPECIALTY																
		ANES	CD	DERM	EM	FM	GAS	GS	IM	NS	N	OBG	ONC	OS	PED	PSY	RAD	UR
a. Controlling health care costs	3.47	3.35	3.51	3.38	3.67	3.60	3.36	3.58	3.57	3.13	3.67	3.60	3.60	3.55	3.56	3.28	3.20	3.56
95% CI Lower bound	3.41	3.14	3.32	3.20	3.41	3.46	3.12	3.45	3.47	2.77	3.49	3.44	3.34	3.41	3.43	3.13	3.02	3.37
Upper bound	3.53	3.55	3.70	3.56	3.93	3.74	3.59	3.72	3.67	3.48	3.86	3.76	3.87	3.68	3.69	3.43	3.37	3.75
b. Making health insurance more affordable	3.71	3.43	3.82	3.77	3.90	3.87	3.67	3.78	3.81	3.71	3.71	3.80	3.57	3.61	3.79	3.60	3.58	3.66
95% CI Lower bound	3.66	3.27	3.66	3.63	3.69	3.76	3.48	3.67	3.73	3.42	3.56	3.67	3.35	3.49	3.69	3.48	3.43	3.50
Upper bound	3.76	3.60	3.97	3.92	4.11	3.98	3.86	3.89	3.89	3.99	3.86	3.93	3.78	3.72	3.90	3.72	3.72	3.82
c. Covering the uninsured	3.56	3.31	3.57	3.67	3.79	3.75	3.59	3.68	3.61	3.44	3.67	3.68	3.54	3.32	3.75	3.68	3.40	3.48
95% CI Lower bound	3.52	3.12	3.40	3.50	3.55	3.62	3.37	3.56	3.52	3.11	3.50	3.54	3.30	3.19	3.63	3.54	3.24	3.30
Upper bound	3.63	3.50	3.74	3.83	4.03	3.88	3.80	3.80	3.70	3.77	3.84	3.83	3.78	3.45	3.87	3.82	3.56	3.66
d. Focuing on chronic illness	3.37	3.25	3.47	3.38	3.32	3.67	3.56	3.36	3.60	3.06	3.48	3.45	3.10	3.16	3.51	3.46	3.21	3.38
95% CI Lower bound	3.31	3.04	3.28	3.20	3.06	3.53	3.33	3.22	3.50	2.71	3.29	3.29	2.84	3.02	3.38	3.31	3.04	3.19
Upper bound	3.43	3.45	3.66	3.55	3.59	3.81	3.80	3.49	3.70	3.42	3.66	3.61	3.36	3.30	3.64	3.62	3.39	3.57
e. Implemention of EMR in physician offices	2.62	2.51	2.66	2.14	2.77	2.76	2.56	2.66	2.57	2.87	2.69	2.82	2.45	2.39	2.52	2.47	2.96	2.79
95% CI Lower bound	2.53	2.22	2.40	1.89	2.41	2.56	2.23	2.46	2.43	2.36	2.43	2.59	2.08	2.19	2.34	2.25	2.71	2.51
Upper bound	2.71	2.80	2.93	2.39	3.14	2.96	2.90	2.85	2.71	3.37	2.94	3.04	2.82	2.59	2.71	2.68	3.21	3.06
f. Establishing measures of quality	2.89	2.91	3.03	2.53	2.98	2.91	2.79	3.02	3.00	2.74	2.85	3.13	2.83	2.77	3.11	2.75	2.94	2.91
95% CI Lower bound	2.81	2.65	2.79	2.30	2.65	2.73	2.49	2.84	2.87	2.29	2.61	2.93	2.49	2.59	2.94	2.55	2.71	2.67
Upper bound	2.97	3.17	3.27	2.76	3.31	3.09	3.09	3.19	3.13	3.19	3.09	3.34	3.16	2.95	3.28	2.94	3.17	3.16
g. Reducing administrative burden on physicians	3.68	3.72	3.74	3.58	3.63	3.71	3.76	3.72	3.66	3.72	3.72	3.64	3.66	3.68	3.63	3.72	3.74	3.70
95% CI Lower bound	3.63	3.55	3.59	3.44	3.42	3.60	3.56	3.61	3.58	3.43	3.57	3.51	3.44	3.57	3.53	3.60	3.60	3.54
Upper bound	3.73	3.89	3.90	3.73	3.84	3.83	3.95	3.83	3.74	4.02	3.87	3.77	3.87	3.80	3.74	3.85	3.89	3.86
h. Improving systems to prevent medical errors	3.32	3.20	3.39	3.27	3.14	3.34	3.20	3.35	3.41	3.11	3.43	3.53	3.32	3.22	3.46	3.26	3.43	3.36
95% CI Lower bound	3.26	2.97	3.18	3.08	2.86	3.18	2.94	3.20	3.30	2.72	3.22	3.35	3.04	3.06	3.32	3.09	3.24	3.15
Upper bound	3.39	3.43	3.60	3.47	3.43	3.49	3.46	3.49	3.52	3.50	3.63	3.71	3.61	3.37	3.61	3.43	3.63	3.58
i. Regulating health insurance practices	3.64	3.57	3.71	3.77	3.51	3.64	3.58	3.77	3.64	3.76	3.73	3.64	3.51	3.71	3.61	3.65	3.58	3.57
95% CI Lower bound	3.58	3.36	3.52	3.59	3.24	3.50	3.34	3.63	3.54	3.40	3.54	3.47	3.24	3.57	3.47	3.50	3.40	3.37
Upper bound	3.70	3.78	3.90	3.94	3.79	3.79	3.82	3.90	3.74	4.12	3.91	3.80	3.77	3.85	3.74	3.81	3.76	3.76

Response categories : 1 = not at all important, 2 = not very important, 3 = somewhat important, 4 = very important

Differences by specialty significant at .05 level

Table 22. Ratings of the importance of various reforms for improving the health care system in Connecticut, by age, gender, and practice size

How important are the following for improving healthcare system in CT?		AGE				GENDER		PRACTICE SIZE			
	TOTAL	35-44	45-54	55-64	65+	Women	Men	Solo	Small	Medium	Large
a. Controlling health care costs	3.47	3.42	3.51	3.46	3.52	3.53	3.43	3.39	3.48	3.52	3.53
95% CI Lower bound	3.41	3.32	3.43	3.38	3.40	3.43	3.38	3.29	3.40	3.44	3.39
Upper bound	3.53	3.52	3.59	3.55	3.65	3.63	3.49	3.49	3.56	3.60	3.67
b. Making health insurance more affordable	3.71	3.56	3.75	3.74	3.80	3.75	3.68	3.67	3.69	3.71	3.78
95% CI Lower bound	3.66	3.47	3.68	3.68	3.70	3.66	3.63	3.58	3.62	3.65	3.67
Upper bound	3.76	3.64	3.81	3.81	3.89	3.83	3.72	3.75	3.75	3.77	3.89
c. Covering the uninsured	3.56	3.42	3.63	3.62	3.67	3.60	3.57	3.50	3.48	3.67	3.69
95% CI Lower bound	3.52	3.32	3.55	3.55	3.56	3.51	3.51	3.41	3.41	3.60	3.56
Upper bound	3.63	3.51	3.70	3.70	3.78	3.70	3.62	3.59	3.56	3.74	3.82
d. Focuing on chronic illness	3.37	3.38	3.35	3.38	3.41	3.44	3.32	3.26	3.34	3.47	3.44
95% CI Lower bound	3.31	3.27	3.27	3.29	3.29	3.34	3.26	3.16	3.26	3.39	3.30
Upper bound	3.43	3.48	3.43	3.46	3.53	3.54	3.38	3.36	3.42	3.55	3.58
e. Implemention of EMR in physician offices	2.62	2.75	2.58	2.53	2.63	2.62	2.62	2.20	2.50	2.96	2.83
95% CI Lower bound	2.53	2.60	2.47	2.41	2.46	2.48	2.54	2.06	2.39	2.85	2.63
Upper bound	2.71	2.90	2.69	2.65	2.80	2.77	2.70	2.34	2.61	3.07	3.03
f. Establishing measures of quality	2.89	2.91	2.88	2.86	2.93	2.92	2.87	2.71	2.74	3.04	3.09
95% CI Lower bound	2.81	2.78	2.77	2.75	2.78	2.79	2.80	2.58	2.64	2.93	2.91
Upper bound	2.97	3.05	2.98	2.96	3.09	3.05	2.94	2.84	2.84	3.14	3.27
g. Reducing administrative burden on physicians	3.68	3.60	3.69	3.75	3.72	3.68	3.70	3.70	3.67	3.72	3.67
95% CI Lower bound	3.63	3.52	3.63	3.68	3.62	3.59	3.66	3.62	3.60	3.65	3.56
Upper bound	3.73	3.69	3.76	3.82	3.82	3.76	3.75	3.78	3.74	3.79	3.79
h. Improving systems to prevent medical errors	3.32	3.31	3.24	3.26	3.46	3.29	3.35	3.25	3.23	3.39	3.40
95% CI Lower bound	3.26	3.20	3.16	3.17	3.32	3.17	3.29	3.14	3.14	3.30	3.25
Upper bound	3.39	3.43	3.33	3.35	3.59	3.40	3.42	3.36	3.32	3.48	3.56
i. Regulating health insurance practices	3.64	3.62	3.62	3.66	3.67	3.67	3.62	3.59	3.65	3.72	3.61
95% CI Lower bound	3.58	3.52	3.54	3.57	3.55	3.57	3.56	3.49	3.57	3.64	3.47
Upper bound	3.70	3.73	3.69	3.74	3.80	3.77	3.67	3.69	3.73	3.80	3.75

Response categories : 1 = not at all important, 2 = not very important, 3 = somewhat important, 4 = very important

Differences by age significant at .05 level
Differences by gender significant at .05 level
Differences by practice size significant at .05 level

Table 23. Payment for medical services, by specialty and county (in percents)

	Commercial Insurers			Medicare			Medicaid/Husky			Self Pay			Free Care		
		95% CI			95% CI			95% CI			95% CI			95% CI	
	Mean	Upper	Lower	Mean	Upper	Lower	Mean	Upper	Lower	Mean	Upper	Lower	Mean	Upper	Lower
TOTAL	**47.1**	**44.8**	**49.3**	**31.9**	**30.1**	**33.7**	**12.7**	**10.9**	**14.4**	**8.4**	**6.7**	**10.1**	**7.1**	5.5	8.7
Specialty															
Anesthesiology	47.9	41.3	54.5	28.0	23.0	33.0	13.1	8.2	18.0	4.5	-0.8	9.8	9.4	5.2	13.7
Cardiovascular Diseases	33.9	27.9	39.8	50.3	45.8	54.7	7.8	3.2	12.4	4.1	-0.8	9.0	6.1	2.1	10.1
Dermatology	53.4	47.7	59.1	34.3	30.0	38.6	5.9	1.2	10.6	11.5	7.2	15.7	3.7	-0.2	7.6
Emergency Medicine	35.7	25.4	46.0	25.1	17.5	32.7	21.4	13.5	29.3	17.0	9.5	24.4	11.2	3.8	18.6
Family Medicine	55.0	50.5	59.5	26.5	23.1	29.9	11.8	8.3	15.2	7.1	3.6	10.5	5.3	2.4	8.2
Gastroenterology	48.9	41.6	56.1	36.5	31.0	41.9	5.5	0.0	11.0	3.5	-2.4	9.5	8.5	3.4	13.5
General Surgery	36.2	32.0	40.4	36.2	33.0	39.4	11.3	8.0	14.6	12.6	9.3	15.9	9.5	6.8	12.2
Internal Medicine	43.8	40.3	47.3	40.2	37.6	42.8	10.4	7.7	13.1	5.8	3.0	8.5	8.6	6.3	10.9
Neurological Surgery	63.2	51.5	74.8	24.5	15.9	33.2	6.5	-2.1	15.1	6.4	-2.7	15.5	3.9	-4.0	11.8
Neurology	46.4	40.3	52.5	37.9	33.2	42.7	12.7	7.7	17.7	7.5	2.4	12.6	8.7	4.8	12.7
Obstetrics & Gynecology	58.2	53.1	63.4	15.6	11.5	19.6	20.2	16.0	24.3	6.1	1.9	10.3	6.4	2.7	10.1
Oncology	37.8	29.3	46.3	46.1	39.7	52.4	9.0	2.3	15.6	2.4	-5.0	9.9	6.3	0.5	12.1
Orthopaedic Surgery	51.3	46.9	55.7	30.8	27.5	34.1	9.3	5.9	12.8	4.7	1.3	8.2	6.7	4.0	9.5
Pediatrics	64.1	59.8	68.3	5.4	0.5	10.3	30.0	26.7	33.4	4.5	1.1	7.8	4.2	0.9	7.6
Psychiatry	47.6	41.9	53.3	19.3	14.8	23.9	23.6	18.7	28.5	33.3	29.3	37.4	12.5	8.8	16.2
Radiology	40.8	34.2	47.4	37.2	32.4	41.9	11.7	6.7	16.7	6.4	1.1	11.6	9.7	5.2	14.2
Urology	38.5	32.3	44.7	47.5	42.9	52.2	6.8	2.1	11.5	4.8	0.2	9.5	5.5	1.5	9.5

County	Commercial Insurers			Medicare			Medicaid/Husky			Self Pay			Free Care		
		95% CI			95% CI			95% CI			95% CI			95% CI	
	Mean	Upper	Lower	Mean	Upper	Lower	Mean	Upper	Lower	Mean	Upper	Lower	Mean	Upper	Lower
Fairfield	52.169	49.573	54.766	27.885	25.885	29.885	11.478	9.379	13.578	11.157	9.155	13.159	6.565	4.821	8.309
Hartford	48.509	46.032	50.986	30.609	28.712	32.507	15.450	13.557	17.343	7.736	5.747	9.726	5.773	4.028	7.518
Litchfield	44.008	38.000	50.015	34.889	30.334	39.444	10.409	5.789	15.029	7.205	2.496	11.914	3.783	.017	7.550
Middlesex	45.241	38.756	51.725	32.545	27.562	37.528	14.701	9.764	19.638	5.925	.952	10.899	11.831	7.569	16.092
New Haven	47.712	45.108	50.317	32.564	30.532	34.596	13.144	11.043	15.245	8.933	6.830	11.036	6.702	4.941	8.463
New London	47.361	42.878	51.844	30.864	27.504	34.224	12.067	8.718	15.416	8.660	5.258	12.061	4.429	1.468	7.390
Tolland	50.829	39.767	61.891	30.695	21.730	39.660	10.381	1.810	18.951	5.792	-2.790	14.375	13.401	6.968	19.834
Windham	41.893	34.622	49.164	34.743	29.070	40.415	14.528	9.053	20.003	11.480	5.884	17.076	6.996	1.824	12.169

Table 24. Monthly call frequency and hours per week dealing with managed care issues, by specialty

	Take call per month			Hours per week dealing with managed care issues		
		95% CI			95% CI	
	Mean	Upper	Lower	Mean	Upper	Lower
Anesthesiology	3.22	0.96	5.48	0.94	-0.22	2.10
Cardiovascular Diseases	8.61	6.51	10.72	2.30	1.28	3.31
Dermatology	5.57	3.60	7.54	1.58	0.62	2.53
Emergency Medicine	2.98	0.05	5.91	1.24	-0.36	2.84
Family Medicine	1.41	-0.10	2.91	2.36	1.64	3.09
Gastroenterology	6.26	3.66	8.86	1.96	0.72	3.20
General Surgery	8.05	6.59	9.51	2.62	1.92	3.31
Internal Medicine	3.90	2.72	5.07	3.06	2.49	3.63
Neurological Surgery	8.87	4.89	12.86	1.74	-0.21	3.69
Neurology	9.73	7.65	11.81	3.25	2.25	4.25
Obstetrics & Gynecology	4.05	2.28	5.82	2.08	1.22	2.94
Oncology	4.30	1.38	7.21	3.21	1.84	4.58
Orthopaedic Surgery	4.26	2.73	5.79	2.01	1.27	2.74
Pediatrics	3.28	1.80	4.76	2.02	1.30	2.74
Psychiatry	2.02	0.28	3.76	2.06	1.22	2.89
Radiology	3.26	1.29	5.23	0.88	-0.13	1.88
Urology	8.94	6.78	11.10	1.61	0.60	2.63
TOTAL	**5.12**	**4.36**	**5.88**	**2.08**	**1.70**	**2.47**

Table 25. Use of technology in physicians' practices, by specialty, county, gender, and age

	Electronic Billing			EMR			Secure Website			General Website			Electronic Labs			E-script			Practice Mgt Apps		
	% Use	95% Confidence Interval		% Use	95% Confidence Interval		% Use	95% Confidence Interval		% Use	95% Confidence Interval		% Use	95% Confidence Interval		% Use	95% Confidence Interval		% Use	95% Confidence Interval	
TOTAL	0.78	0.75	0.80	0.26	0.23	0.29	0.10	0.08	0.12	0.42	0.39	0.46	0.63	0.60	0.66	0.23	0.20	0.26	0.64	.601	.669
Specialty	0.84	0.72	0.96	0.16	0.06	0.26	0.01	-0.01	0.04	0.13	0.04	0.21	0.70	0.54	0.85	0.05	-0.01	0.10	0.26	0.12	0.40
Cardiovascular Diseases	0.93	0.87	1.00	0.28	0.14	0.43	0.10	0.01	0.20	0.49	0.32	0.66	0.72	0.58	0.85	0.16	0.06	0.27	0.74	0.60	0.88
Dermatology	0.85	0.74	0.95	0.12	0.01	0.23	0.13	0.02	0.25	0.48	0.32	0.65	0.34	0.19	0.50	0.09	0.00	0.18	0.67	0.53	0.81
Emergency Medicine	0.37	0.14	0.59	0.34	0.14	0.54	0.03	-0.03	0.08	0.33	0.13	0.53	0.86	0.73	1.00	0.30	0.11	0.49	0.12	-0.01	0.25
Family Medicine	0.81	0.71	0.90	0.28	0.17	0.39	0.12	0.04	0.19	0.42	0.30	0.54	0.62	0.50	0.73	0.20	0.11	0.29	0.72	0.62	0.83
Gastroenterology	0.90	0.80	1.01	0.22	0.05	0.39	0.14	0.00	0.28	0.58	0.38	0.79	0.84	0.71	0.97	0.12	0.00	0.25	0.75	0.57	0.92
General Surgery	0.84	0.76	0.93	0.27	0.16	0.39	0.15	0.05	0.24	0.55	0.43	0.67	0.76	0.67	0.85	0.12	0.05	0.20	0.69	0.58	0.80
Internal Medicine	0.81	0.73	0.88	0.24	0.16	0.32	0.06	0.02	0.10	0.33	0.24	0.42	0.77	0.69	0.84	0.26	0.18	0.34	0.57	0.48	0.67
Neurological Surgery	0.79	0.56	1.02	0.34	0.04	0.64	0.09	-0.08	0.26	0.33	0.04	0.62	0.42	0.11	0.73	0.07	-0.06	0.20	0.44	0.14	0.73
Neurology	0.85	0.75	0.96	0.46	0.29	0.63	0.10	0.00	0.20	0.51	0.34	0.67	0.74	0.62	0.87	0.31	0.15	0.46	0.70	0.56	0.84
Obstetrics & Gynecology	0.86	0.77	0.95	0.28	0.15	0.42	0.19	0.07	0.32	0.65	0.51	0.79	0.77	0.66	0.88	0.32	0.19	0.46	0.85	0.76	0.95
Oncology	0.89	0.76	1.02	0.35	0.14	0.57	0.20	0.02	0.38	0.43	0.21	0.65	0.93	0.84	1.03	0.07	-0.03	0.16	0.65	0.44	0.86
Orthopaedic Surgery	0.88	0.81	0.95	0.38	0.26	0.51	0.13	0.05	0.21	0.71	0.60	0.82	0.69	0.58	0.80	0.22	0.12	0.32	0.73	0.63	0.84
Pediatrics	0.88	0.81	0.95	0.25	0.14	0.35	0.09	0.03	0.16	0.39	0.27	0.51	0.68	0.57	0.79	0.30	0.19	0.41	0.64	0.52	0.75
Psychiatry	0.48	0.33	0.64	0.21	0.09	0.33	0.03	-0.01	0.07	0.17	0.06	0.27	0.35	0.20	0.49	0.11	0.03	0.19	0.33	0.20	0.46
Radiology	0.85	0.74	0.95	0.54	0.38	0.70	0.12	0.03	0.21	0.50	0.34	0.66	0.67	0.53	0.81	0.09	0.02	0.16	0.64	0.50	0.79
Urology	0.87	0.77	0.98	0.22	0.07	0.37	0.14	0.02	0.26	0.64	0.48	0.81	0.89	0.80	0.97	0.20	0.07	0.33	0.79	0.66	0.92

County	% Use	95% Confidence Interval		% Use	95% Confidence Interval		% Use	95% Confidence Interval		% Use	95% Confidence Interval		% Use	95% Confidence Interval		% Use	95% Confidence Interval		% Use	95% Confidence Interval	
Fairfield	0.81	0.75	0.86	0.26	0.19	0.33	0.13	0.08	0.18	0.56	0.48	0.63	0.62	0.55	0.69	0.17	0.11	0.22	0.61	0.54	0.68
Hartford	0.73	0.67	0.79	0.24	0.18	0.29	0.07	0.04	0.10	0.44	0.37	0.51	0.57	0.50	0.64	0.12	0.08	0.16	0.58	0.51	0.65
Litchfield	0.86	0.75	0.97	0.34	0.17	0.51	0.12	0.02	0.23	0.38	0.21	0.54	0.66	0.50	0.82	0.16	0.05	0.27	0.63	0.46	0.79
Middlesex	0.79	0.66	0.92	0.17	0.05	0.29	0.14	0.03	0.26	0.49	0.31	0.67	0.80	0.68	0.93	0.08	0.01	0.16	0.66	0.49	0.83
New Haven	0.81	0.75	0.87	0.27	0.21	0.34	0.05	0.03	0.08	0.41	0.33	0.48	0.61	0.54	0.69	0.16	0.11	0.21	0.54	0.47	0.62
New London	0.82	0.72	0.91	0.36	0.23	0.49	0.08	0.02	0.15	0.54	0.41	0.66	0.81	0.73	0.90	0.15	0.07	0.23	0.60	0.48	0.72
Tolland	0.70	0.43	0.97	0.35	0.07	0.63	0.06	-0.06	0.17	0.32	0.07	0.58	0.59	0.31	0.86	0.21	0.00	0.42	0.49	0.21	0.77
Windham	0.96	0.89	1.04	0.29	0.10	0.48	0.11	0.00	0.23	0.39	0.20	0.59	0.91	0.81	1.00	0.21	0.07	0.36	0.75	0.58	0.93

PRACTICE SIZE	% Use	95% Confidence Interval		% Use	95% Confidence Interval		% Use	95% Confidence Interval		% Use	95% Confidence Interval		% Use	95% Confidence Interval		% Use	95% Confidence Interval		% Use	95% Confidence Interval	
Solo	0.76	0.67	0.85	0.15	0.09	0.21	0.04	0.01	0.07	0.17	0.11	0.24	0.59	0.49	0.68	0.07	0.04	0.11	0.45	0.36	0.55
Small group	0.88	0.83	0.93	0.17	0.11	0.22	0.07	0.04	0.10	0.33	0.26	0.40	0.73	0.66	0.79	0.14	0.09	0.18	0.66	0.58	0.73
Medium group	0.80	0.74	0.87	0.46	0.37	0.54	0.15	0.09	0.21	0.52	0.44	0.60	0.75	0.68	0.82	0.26	0.19	0.34	0.62	0.54	0.70
Large group	0.86	0.77	0.94	0.44	0.31	0.58	0.14	0.04	0.24	0.76	0.66	0.87	0.78	0.69	0.88	0.20	0.10	0.30	0.70	0.58	0.82

AGE	% Use	95% Confidence Interval		% Use	95% Confidence Interval		% Use	95% Confidence Interval		% Use	95% Confidence Interval		% Use	95% Confidence Interval		% Use	95% Confidence Interval		% Use	95% Confidence Interval	
35-44	0.79	0.70	0.87	0.40	0.29	0.50	0.10	0.04	0.16	0.55	0.44	0.65	0.73	0.65	0.82	0.15	0.09	0.21	0.59	0.49	0.70
45-54	0.84	0.78	0.90	0.30	0.23	0.37	0.12	0.07	0.17	0.55	0.46	0.63	0.75	0.68	0.81	0.17	0.11	0.22	0.67	0.60	0.75
55-64	0.87	0.81	0.92	0.24	0.17	0.30	0.07	0.04	0.11	0.43	0.35	0.52	0.72	0.65	0.79	0.16	0.10	0.21	0.66	0.58	0.73
65+	0.81	0.72	0.90	0.21	0.12	0.30	0.08	0.02	0.13	0.25	0.16	0.34	0.66	0.56	0.77	0.14	0.07	0.21	0.51	0.40	0.62

Differences by specialty significant at .05 level
Differences by county significant at .05 level
Differences by practice size significant at .05 level
Differences by age significant at .05 level

III: Survey