

The New Hampshire Medical Society Physician Survey on Healthcare Reform Conducted by the University of New Hampshire Survey Center 2007

Background and methods

The New Hampshire Medical Society initiated a survey of New Hampshire physicians in order to better understand their views on the U.S. Healthcare system and on directions for healthcare reform as a basis for accurately representing the medical community in advocacy work. The Medical Society developed the 30 item survey which was revised with input from the UNH Survey Center who conducted the survey. Physicians were asked to indicate whether they agreed or disagreed with each of 30 statements. Response choices were “agree strongly”, “agree somewhat”, “disagree somewhat”, “disagree strongly”, and “don’t know”.

Surveys were sent to all physicians in the State for whom contact information was available, including both members and non-members of the Medical Society. The first mailing occurred the first week of October, 2007. Reminder emails were sent mid-October.

- Because of the large numbers of physicians working in the Dartmouth Hitchcock Clinic (DHC) system, surveys were emailed directly to the 842 physician employees of the Clinic by Clinic administration in an attempt to maximize response rates.
- Surveys were e-mailed from the UNH Survey Center to 1199 non-DHC physicians for whom the Medical Society had email addresses.
- Surveys were mailed to 553 physicians without email information.

Total surveys sent = 2594

Five hundred fourteen (514) NH physicians responded to the survey between October 8 and October 22, 2007; the response rate was 20 percent. The demographic profile of respondents appears to generally reflect what is known of the demography of N.H. physicians.

Demographics of Respondents

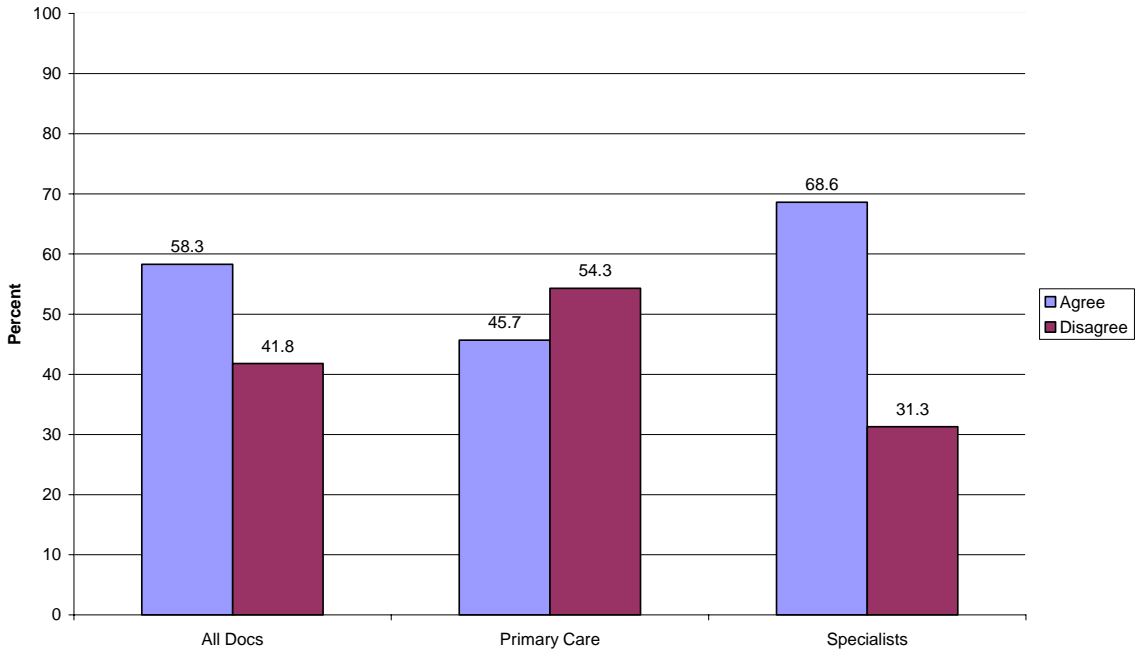
- Gender
 - 75% Males
 - 25% Females
- Age
 - 31% under 45
 - 57% 46 to 64
 - 12% 65 and older
- Employment Status
 - 34% self employed
 - 34% salaried
 - 24% DH employee
 - 9% other
- Specialty
 - 29% Primary care
 - 15% Surgery
 - 25% Specialist
 - 31% Other
- Practice Size
 - 13% Solo Practitioners
 - 22% 2 to 4 Physicians
 - 25% 5 to 10 Physicians
 - 20% 11 to 50 Physicians
 - 19% More Than 50 Physicians
- Party Identification
 - 53% Democrats
 - 17% Independent
 - 29% Republicans
- Member of NH Medical Society
 - 69% Members
 - 31% non-members
- Source of survey mailing
 - 19% survey from DHC
 - 81% survey from UNH Sc

Results

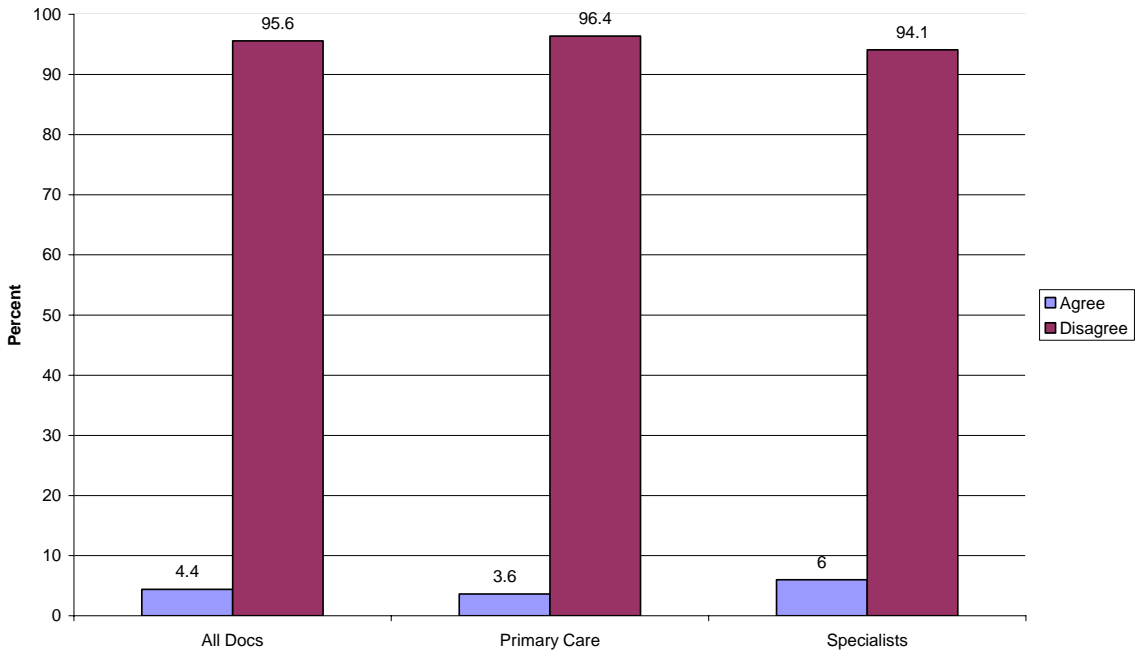
The survey findings follow. They are sorted here by opinions of primary care physicians (family practice, general internal medicine and pediatrics), specialists (surgeons, surgical specialists, internal medicine specialists, radiologists, anesthesiologists) and all doctors (includes primary care, specialists and disciplines not falling into the primary care and specialist categories). “Somewhat” and “strongly” “agree” or “disagree” have been fused into “agree” and “disagree” for clarity in the graphic representations that follow.

Perceptions of quality, cost and access in the current U.S. Healthcare System

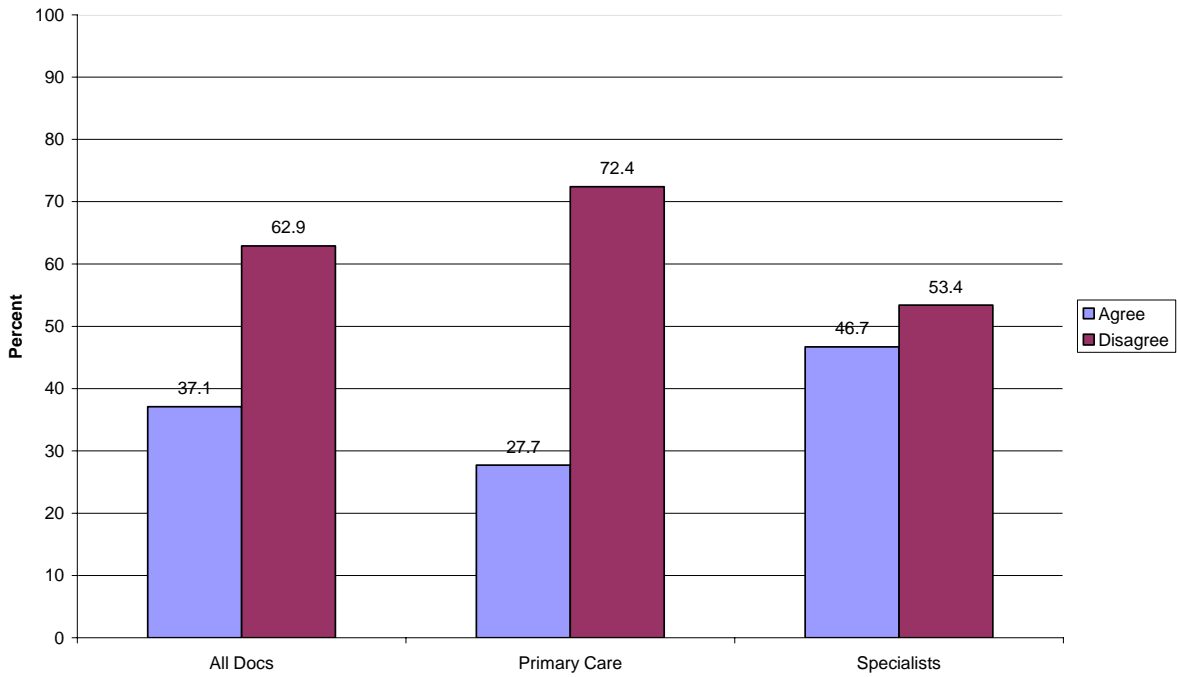
By most measures the quality of healthcare in the U.S. is better than that of most other industrialized nations.



The per capita cost of healthcare in the U.S. is about the same as that in other industrialized nations.

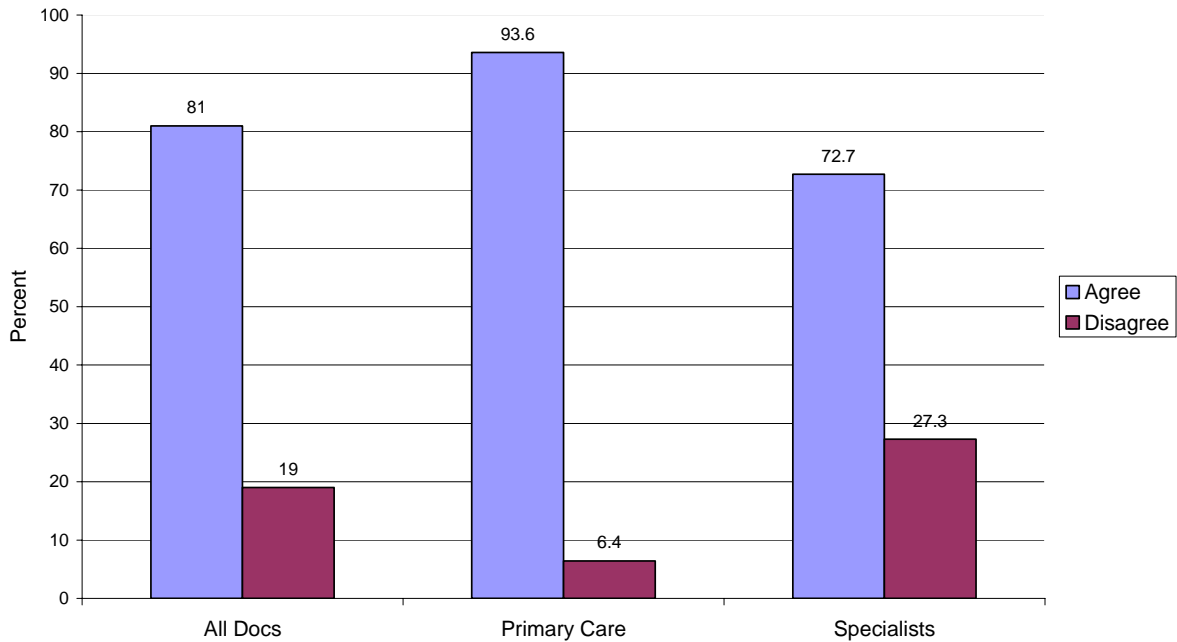


People in the United States generally have better access to routine healthcare than people in most other industrialized nations.

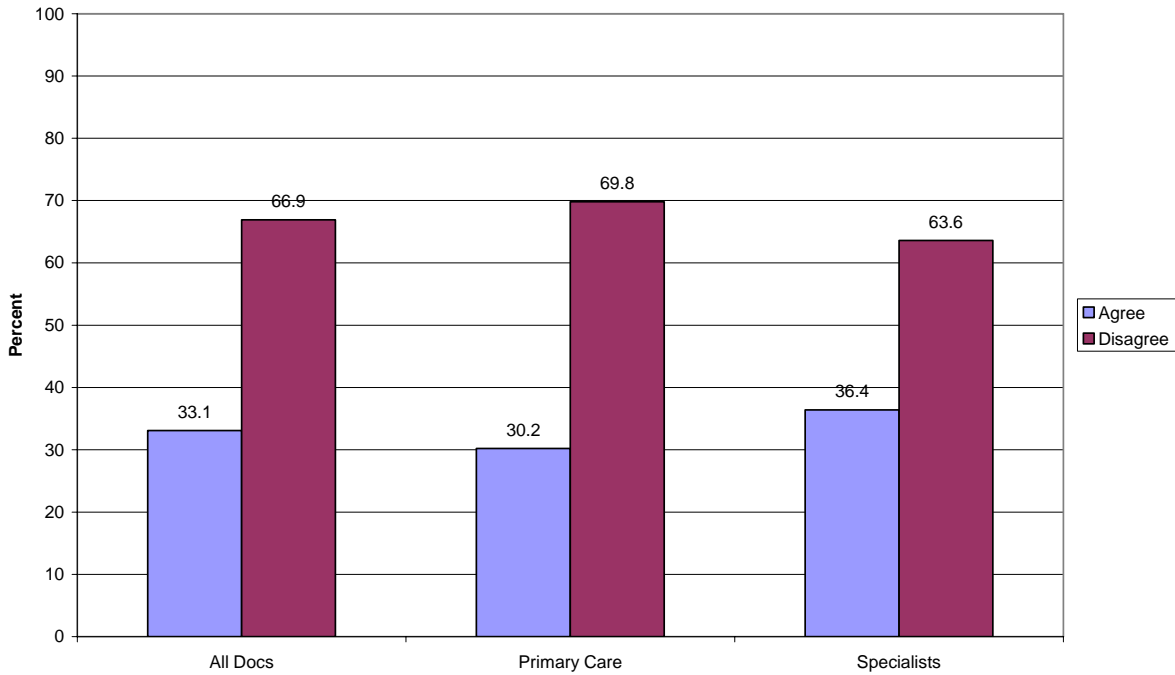


Locus of Responsibility for Healthcare in the Ideal System

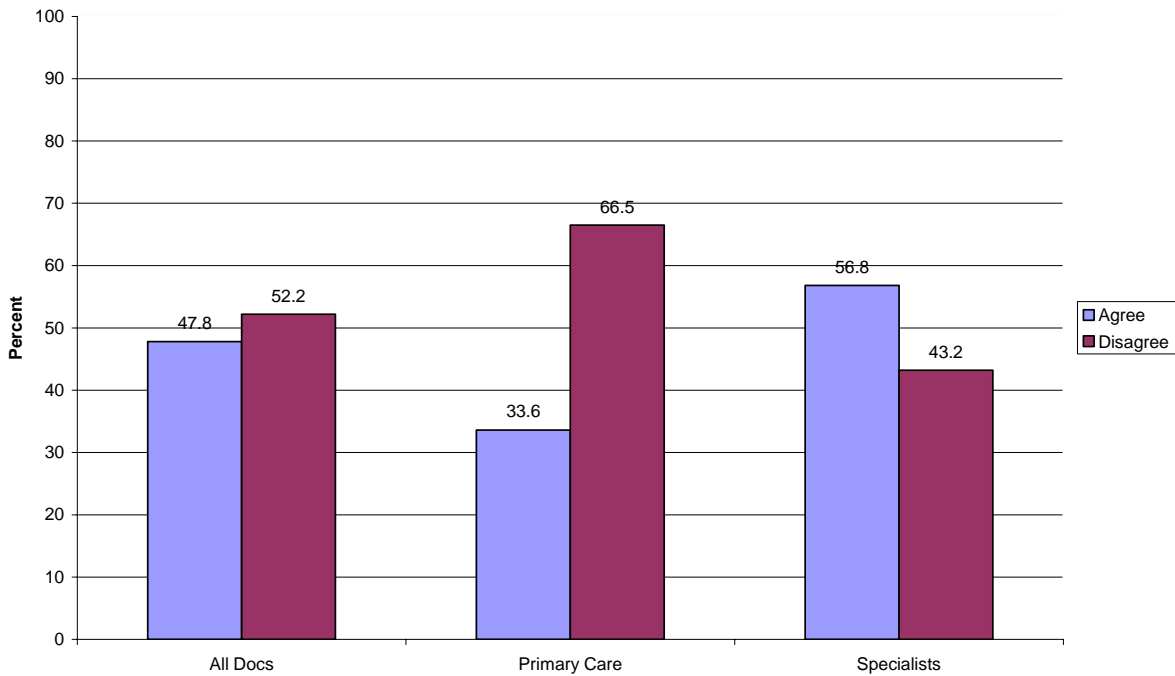
In the ideal healthcare system, basic healthcare would be available to all individuals as part of the social contract, a right similar to basic education, police and fire protection.



In the ideal healthcare system, employers would be responsible for providing health insurance for their employees.

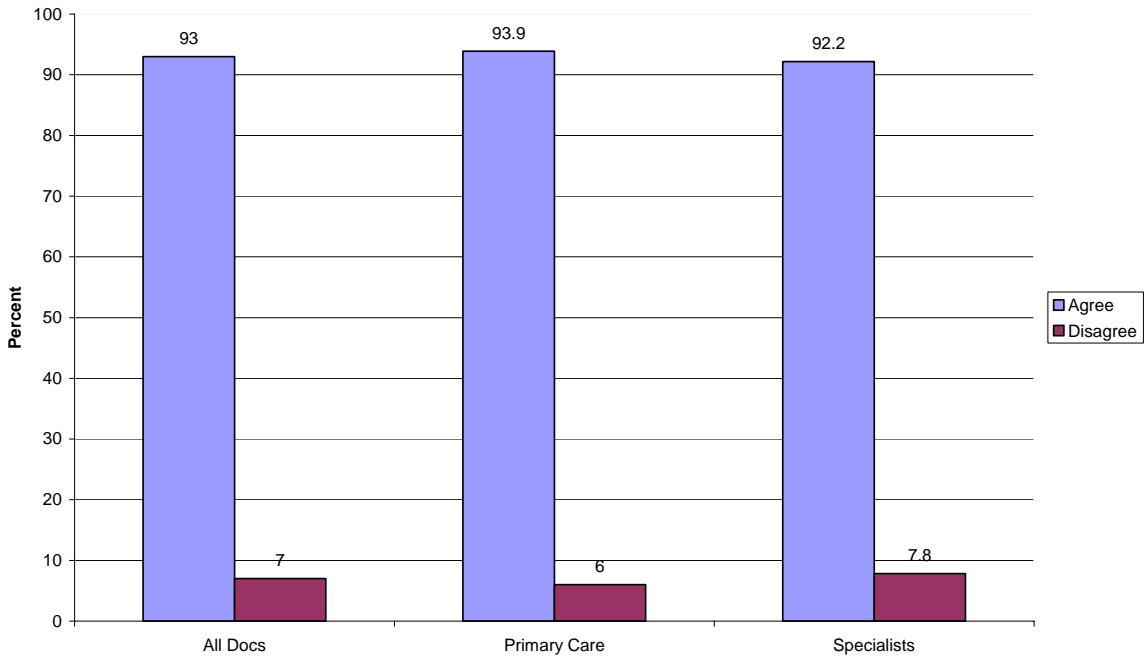


In the ideal healthcare system, individuals would be responsible for purchasing health insurance that meets their personal and family needs.

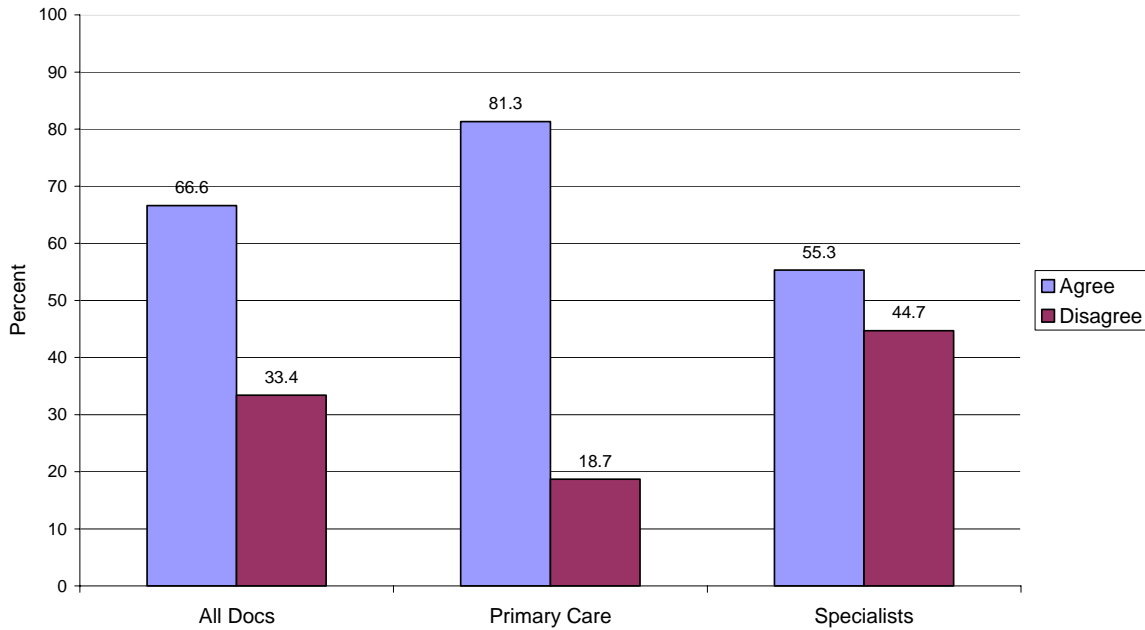


Role of the Public Sector

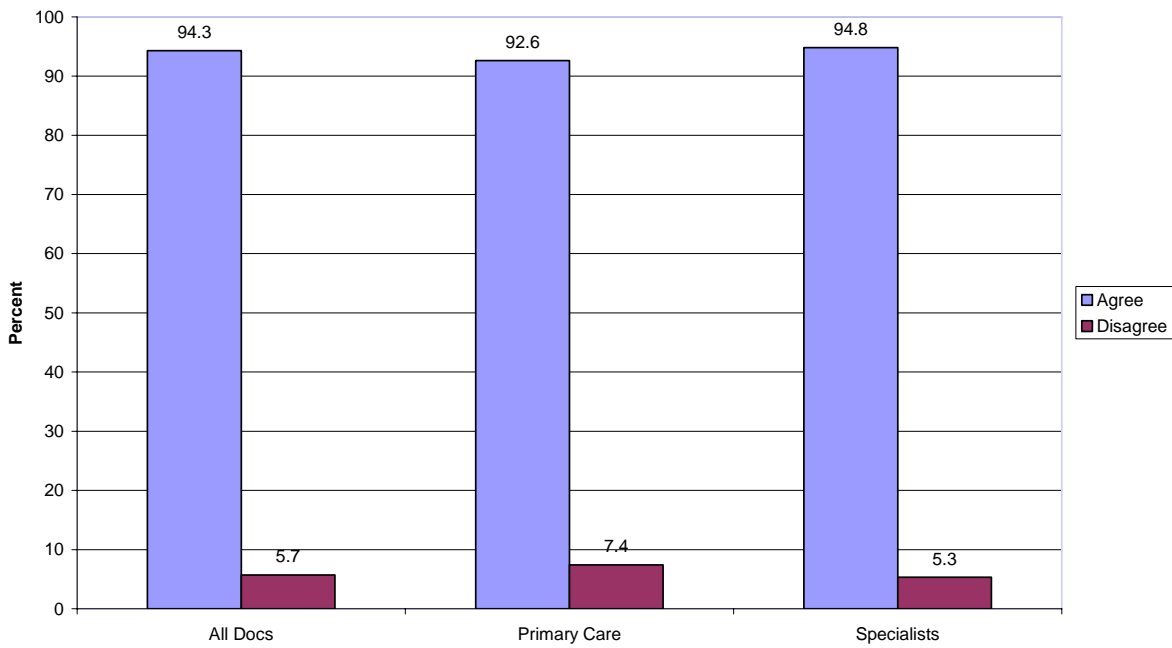
The U.S. healthcare system would benefit from planning of services and infrastructure to match demonstrated need.



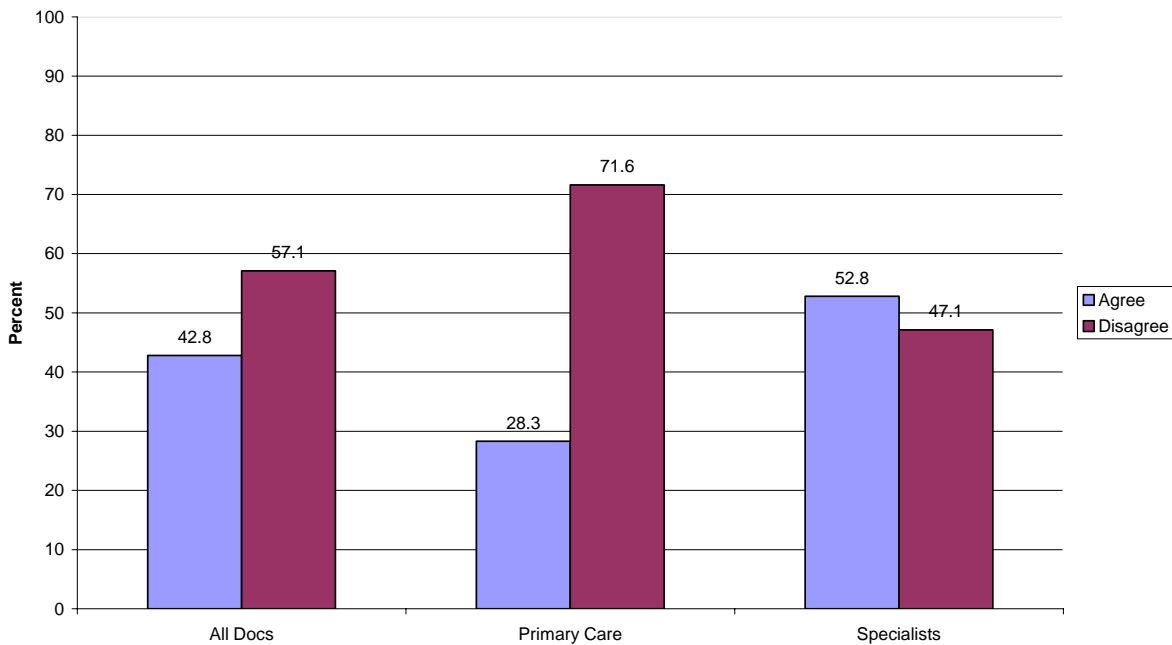
I would favor a simplified payor system in which public funds, collected through taxes, were used to pay directly for services to meet the basic healthcare needs of all citizens.



If public funding of basic healthcare were provided through a simplified payor system, individuals should have the option to purchase additional insurance and health services.

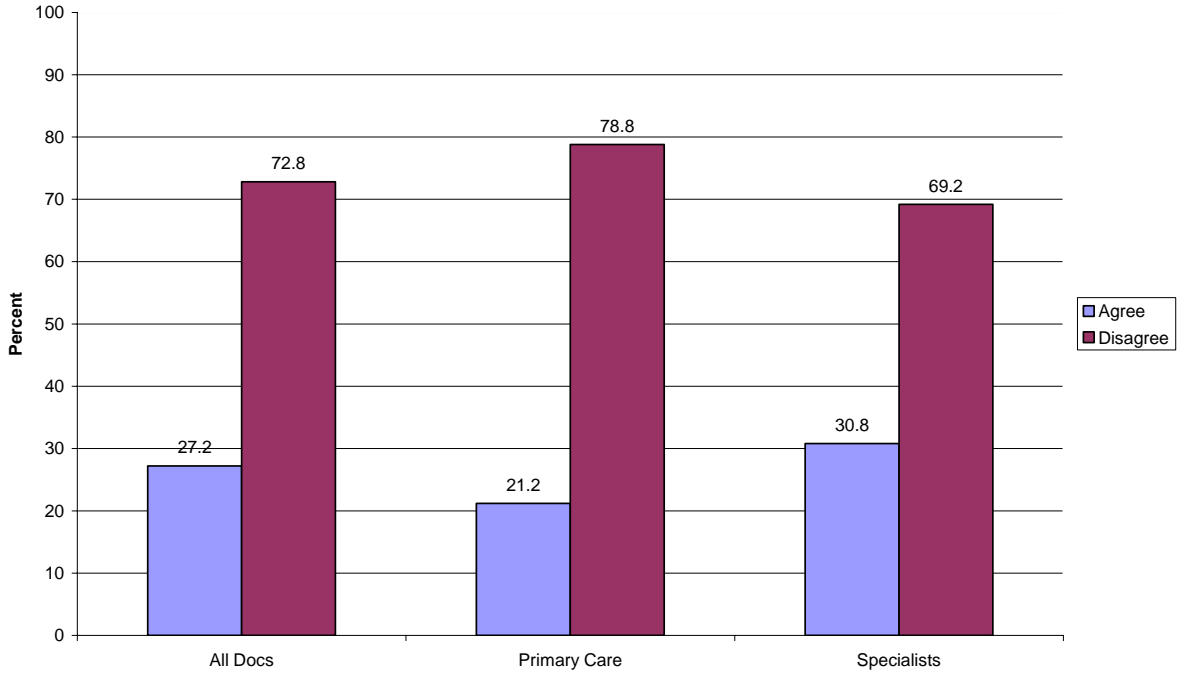


The government should pay for healthcare only when disability, misfortune or other obstacles make it impossible for individuals to provide insurance for themselves.

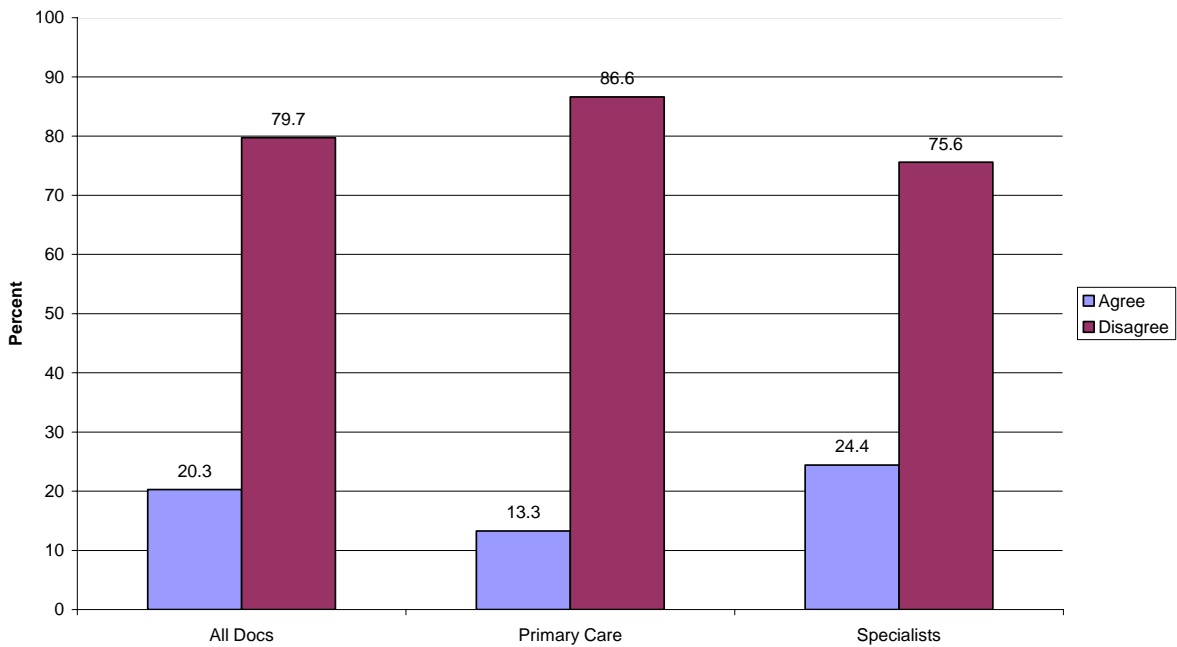


Role of the Private Sector

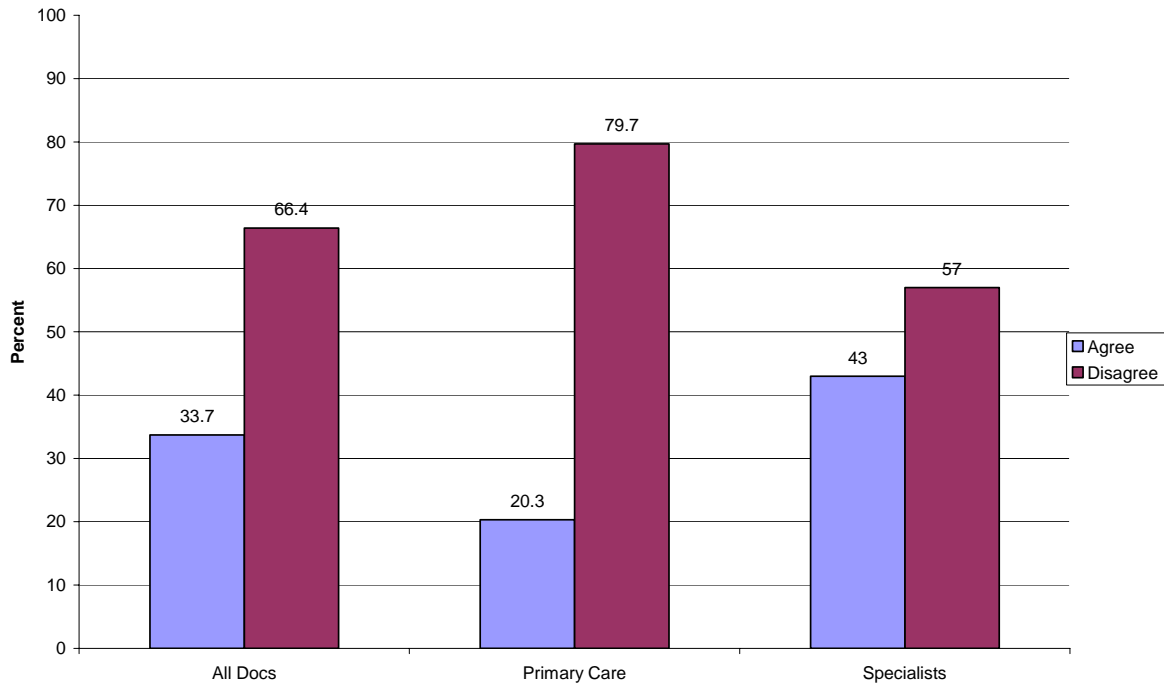
Insurance companies provide important services that add value to the healthcare system.



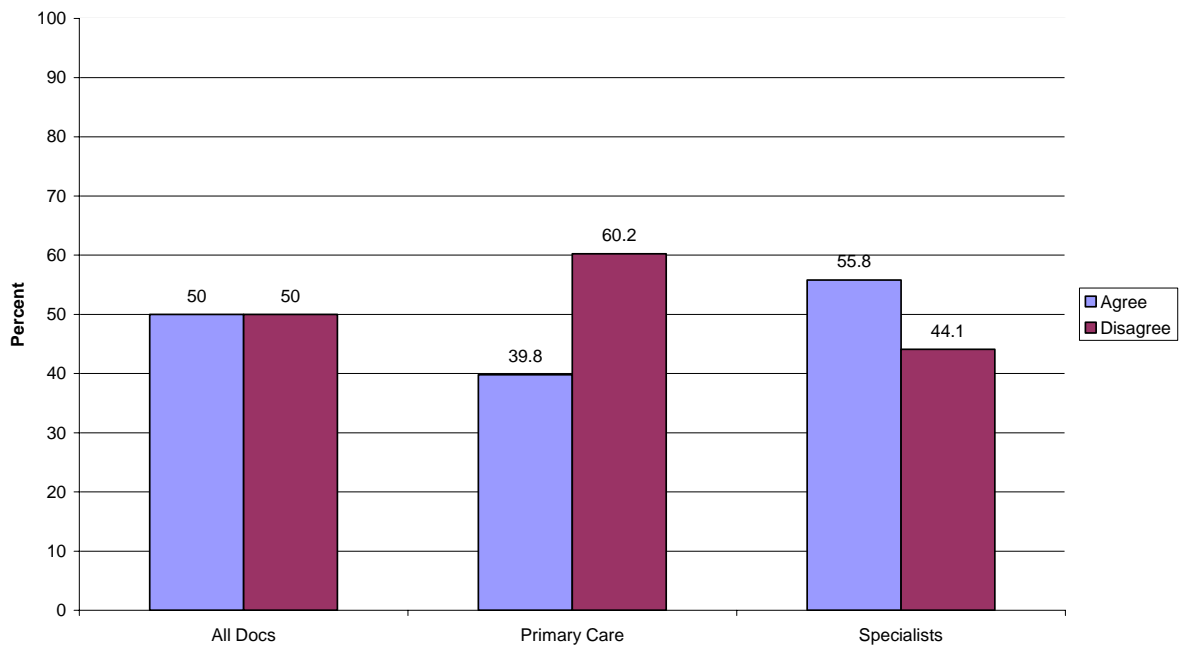
Competition and profit within the insurance industry drives innovation, quality and/or efficiency in healthcare and must be preserved in the US healthcare system.



The free-market is the best way to create a high quality, equitable, affordable and accessible healthcare system in the United States.

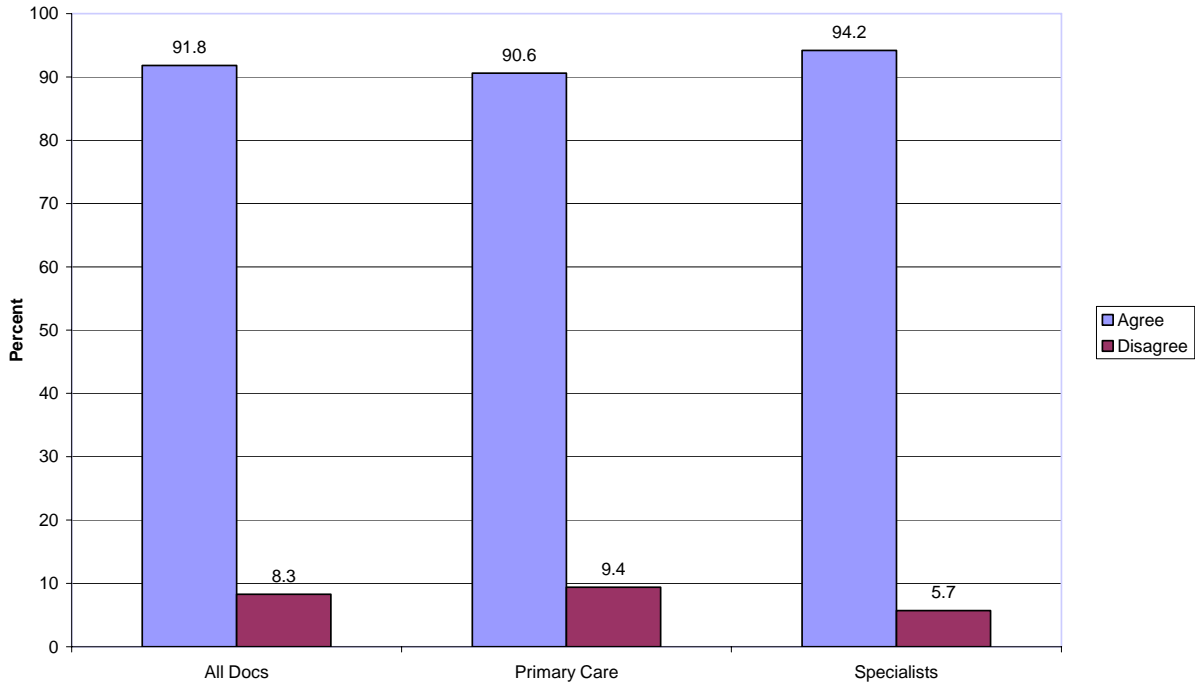


Universal access to healthcare is best achieved by making private insurance more affordable through mechanisms such as tax credits, expanding eligibility for public programs and/or other incremental changes.

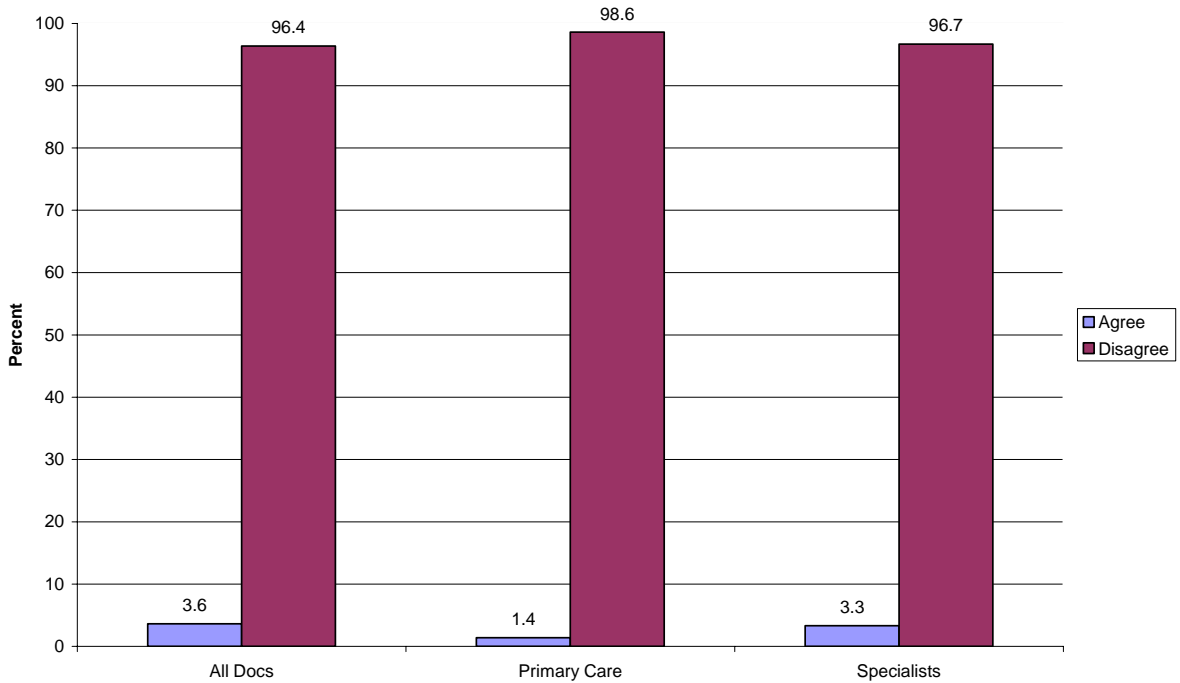


Cost Controls

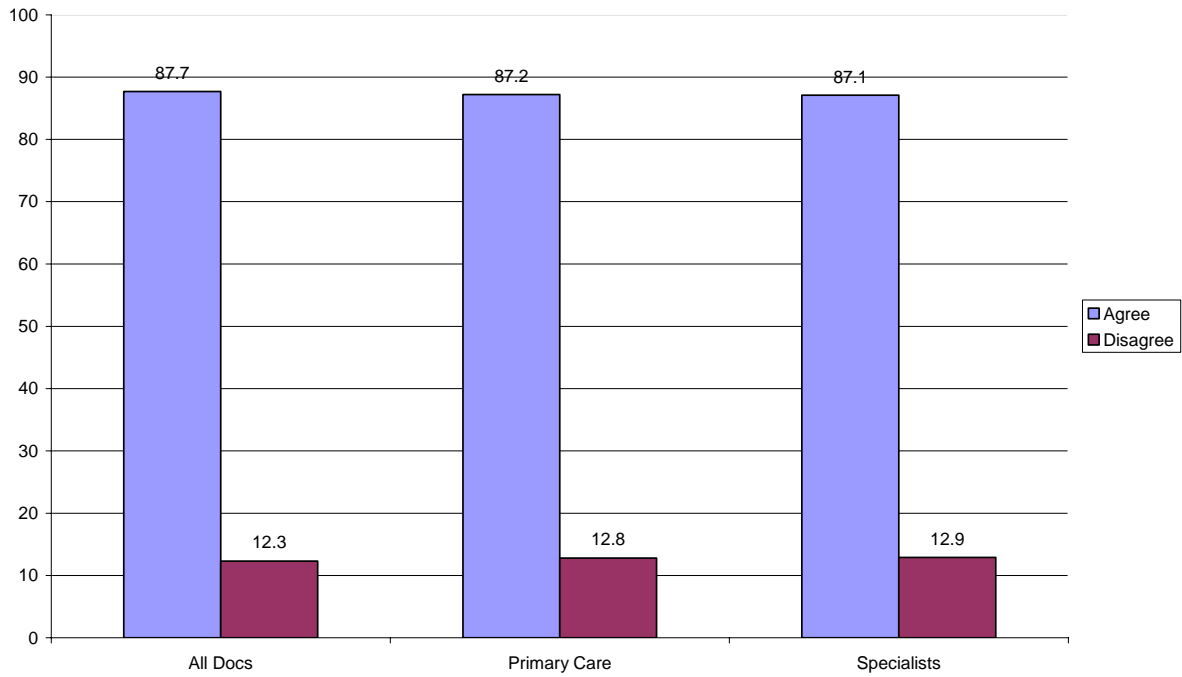
Denying or limiting access to needed and effective medical care (in non-futile situations) in order to preserve profitability is unethical.



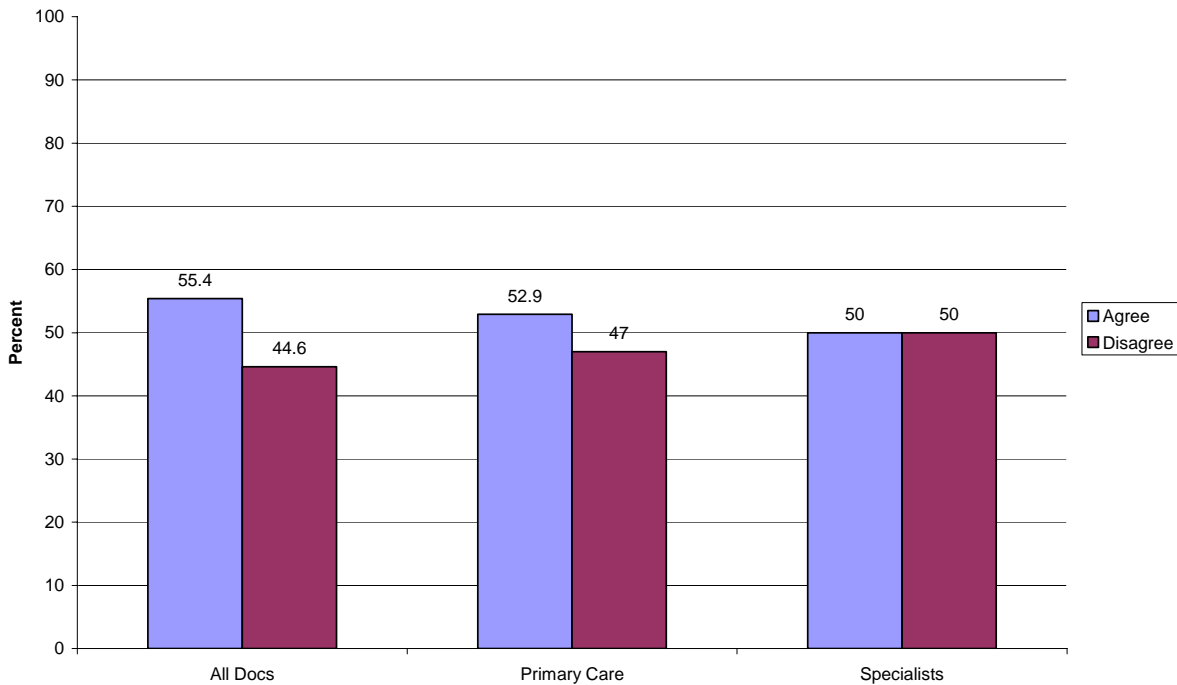
Denial of insurance to those with pre-existing conditions is an appropriate means of controlling costs.



Control of healthcare costs ultimately must include some limits on availability of services on demand.

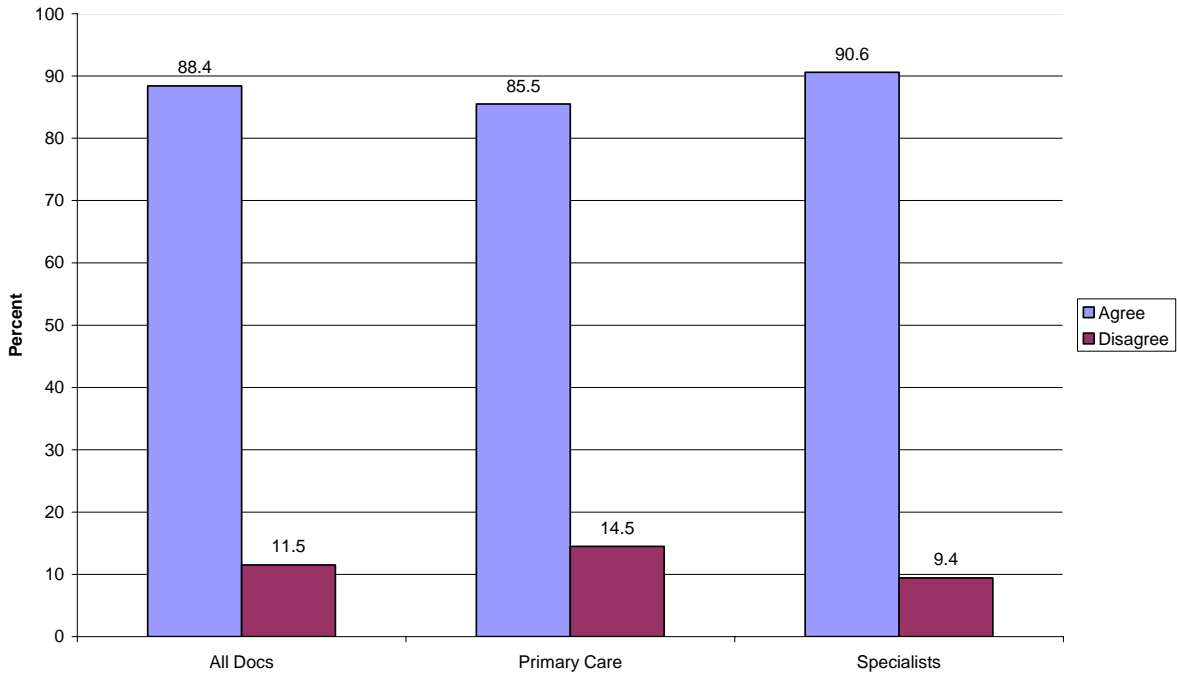


Our society should decide through a democratic process what services should be provided as part of basic healthcare and what services denied.

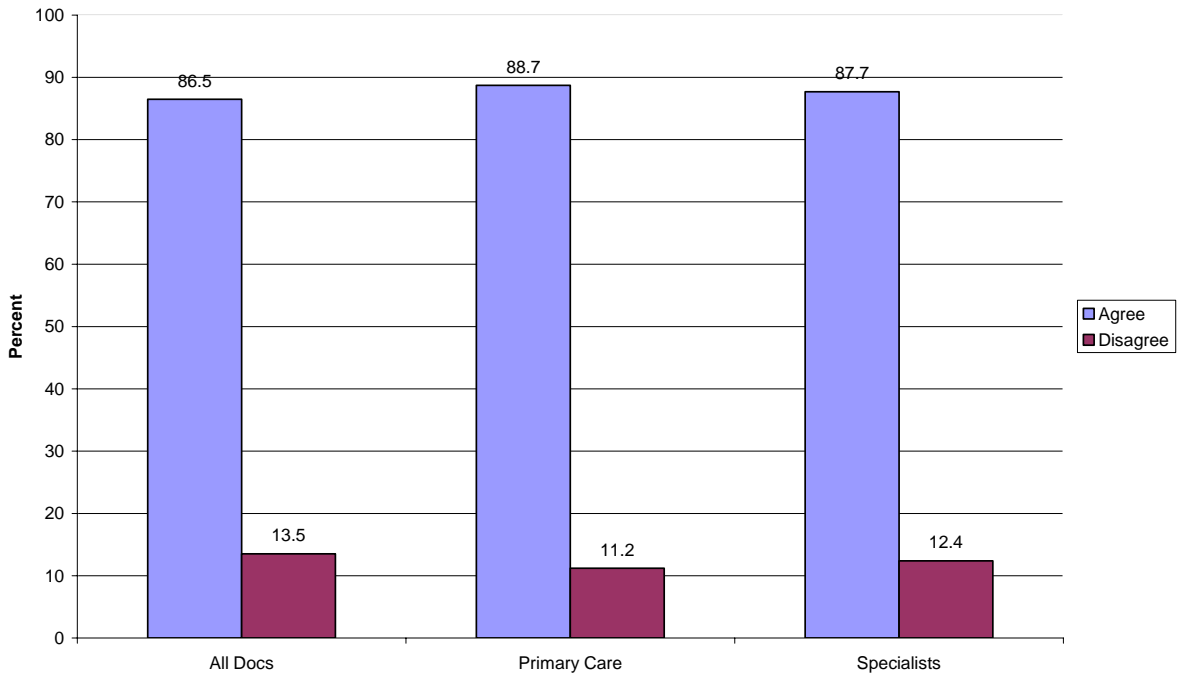


Medical Practice Issues

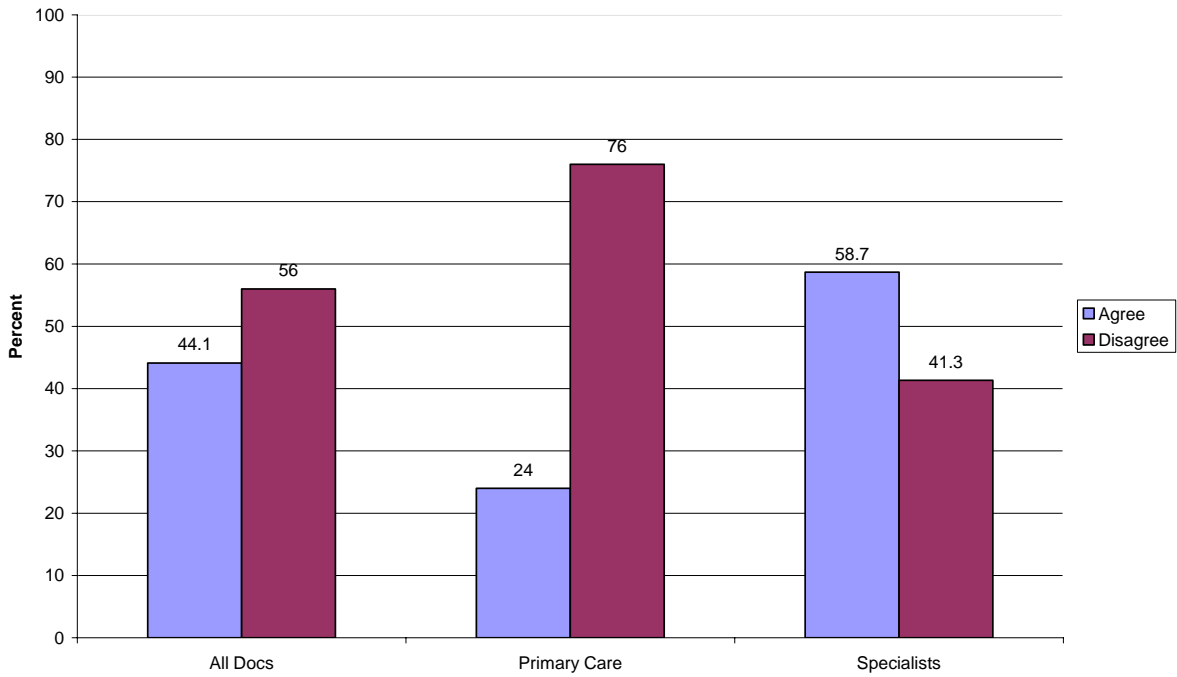
Putting aside paperwork and administrative issues, I find the practice of medicine deeply satisfying.



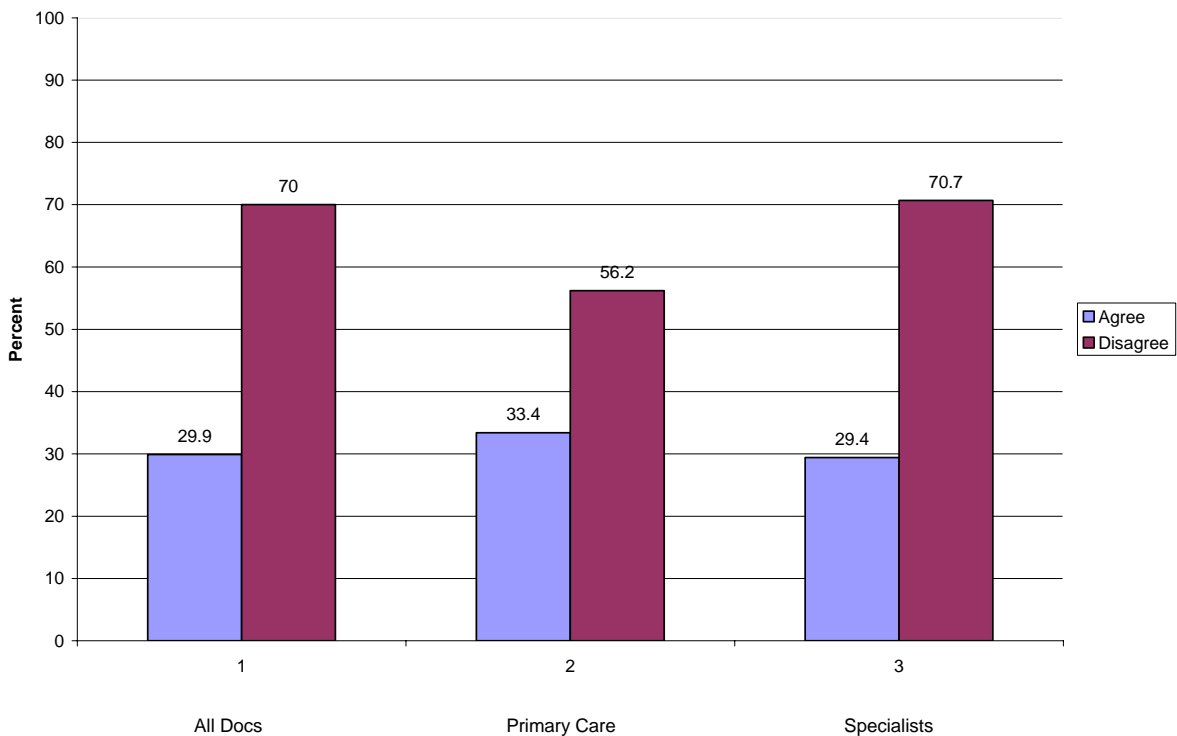
Paperwork and administrative issues interfere with my ability to serve patients well.



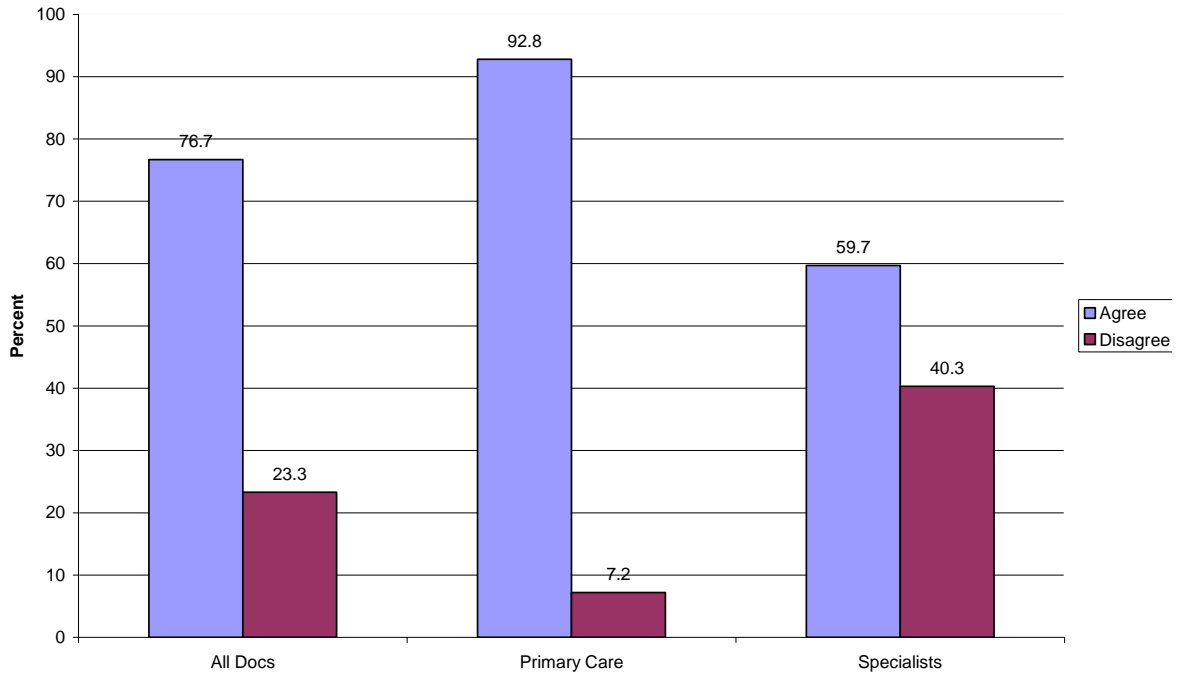
The financial reimbursement that I receive for the services I provide to patients is fair when compared to other physicians.



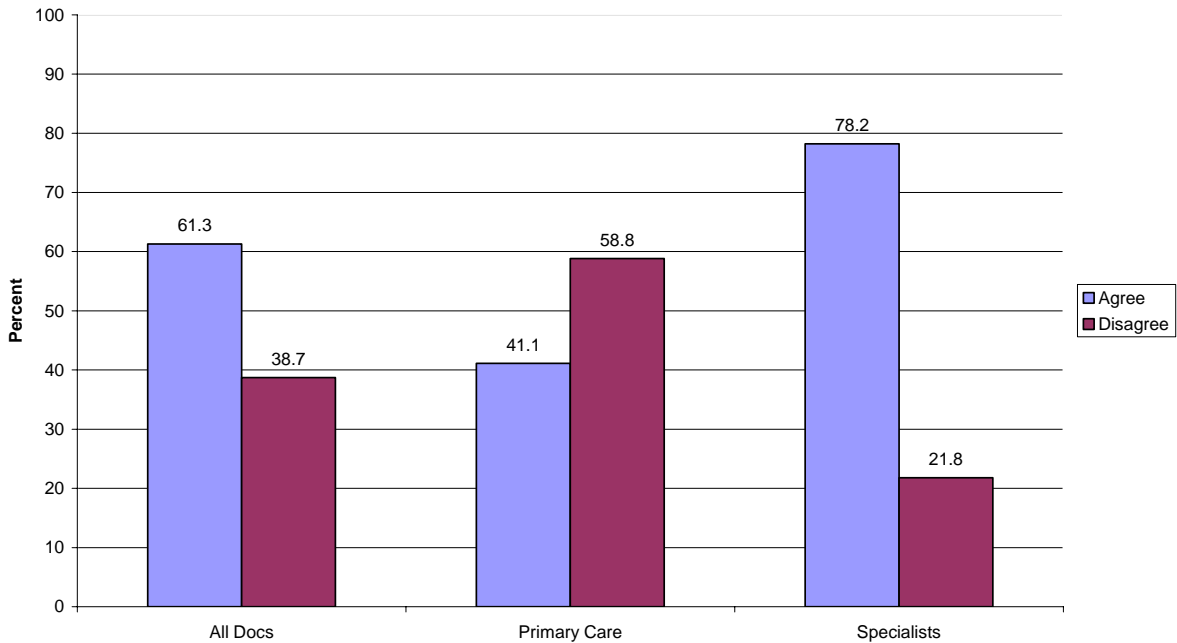
The financial reimbursement that I receive for the services I provide to patients is fair when compared to other professionals outside of healthcare.



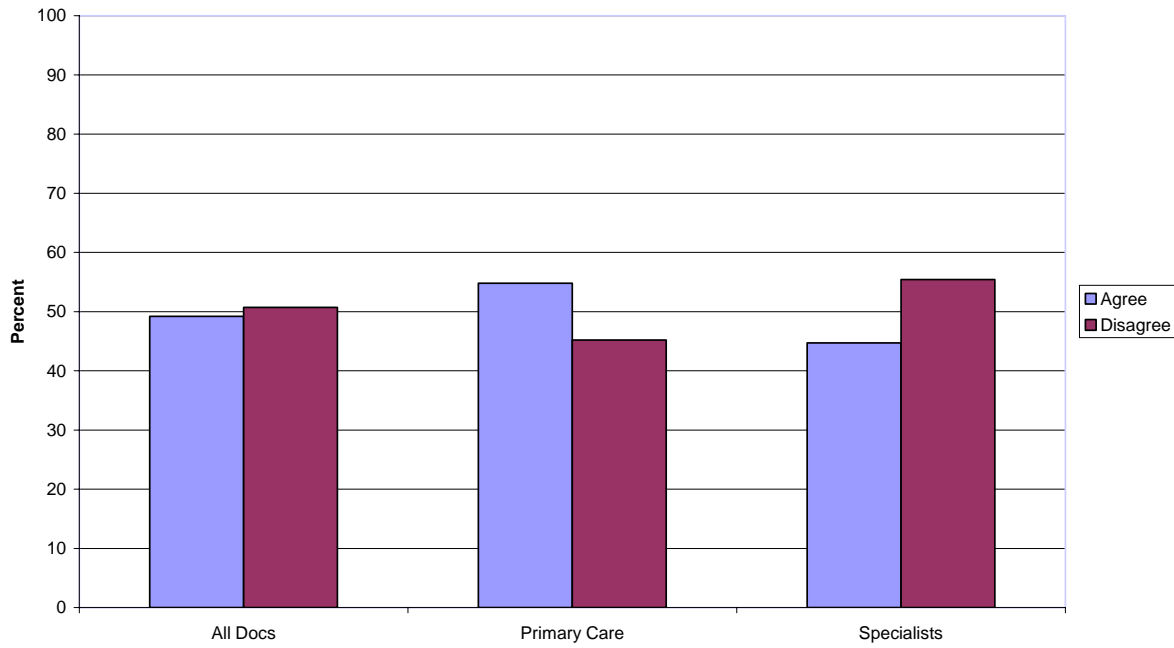
There should be greater equity in reimbursement of different medical/surgical specialties for equal time spent in providing care to patients.



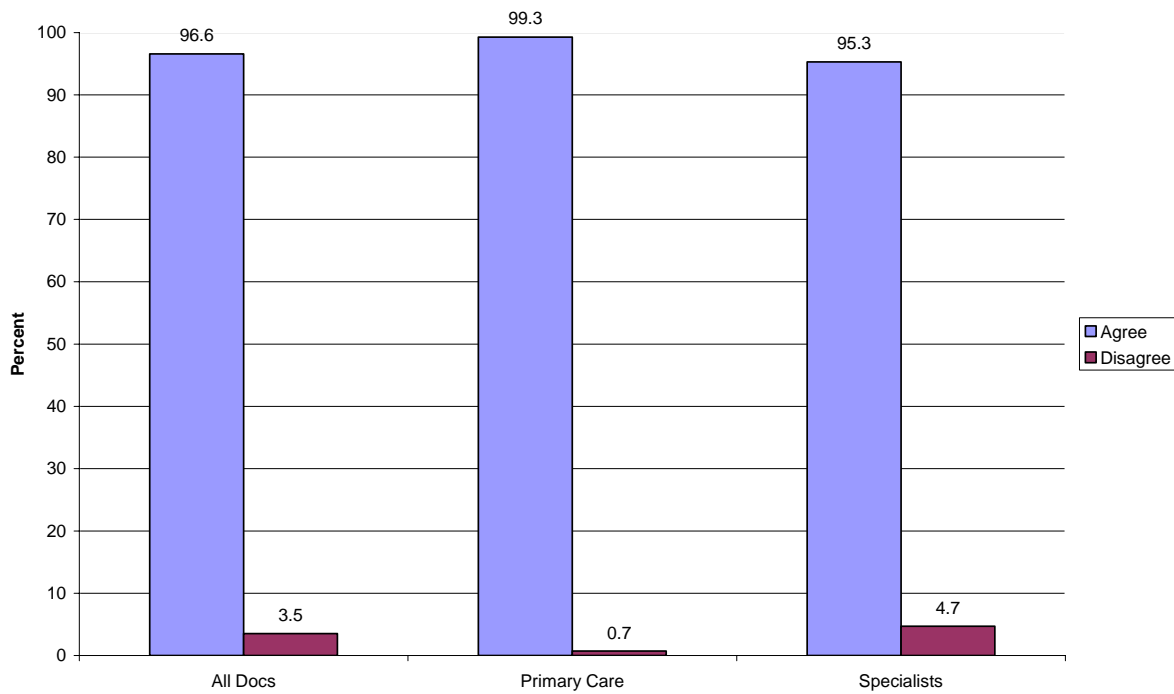
Procedures (surgery, high tech interventions/studies etc) require more skill, training and/or engender greater liability than evaluation and management of patients; reimbursement should reflect this.



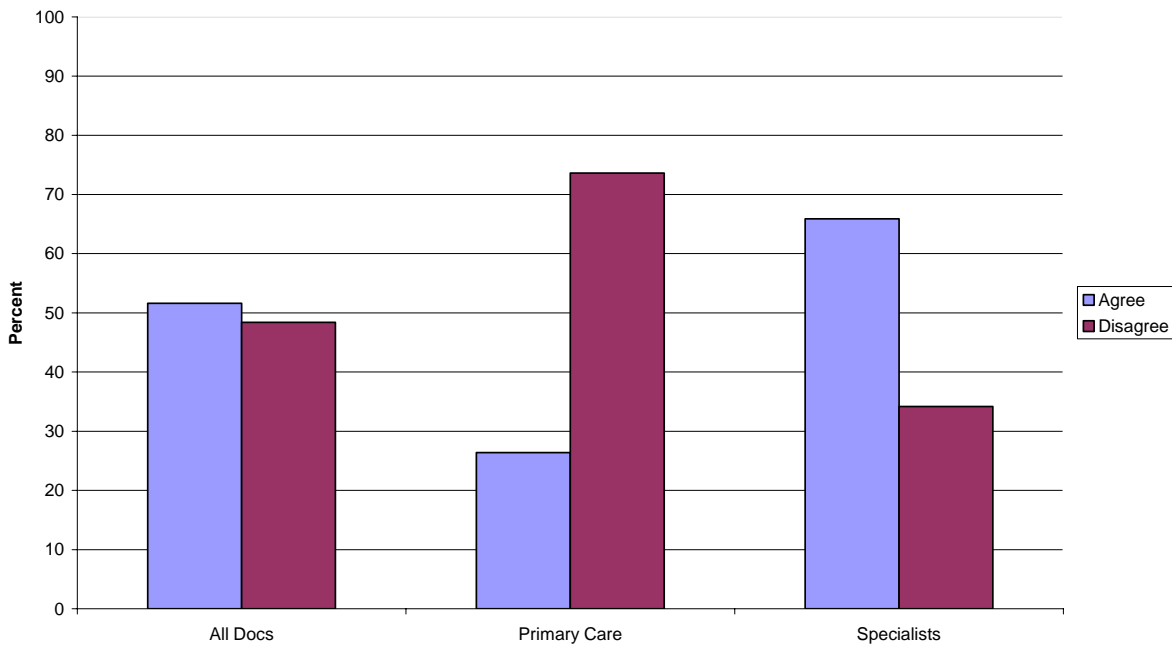
I would be willing to accept a somewhat lower income as a physician in order for all people to access quality healthcare through a simplified planned healthcare system.



Health outcomes are improved when patients receive coordinated care of chronic illness in a primary care medical home.

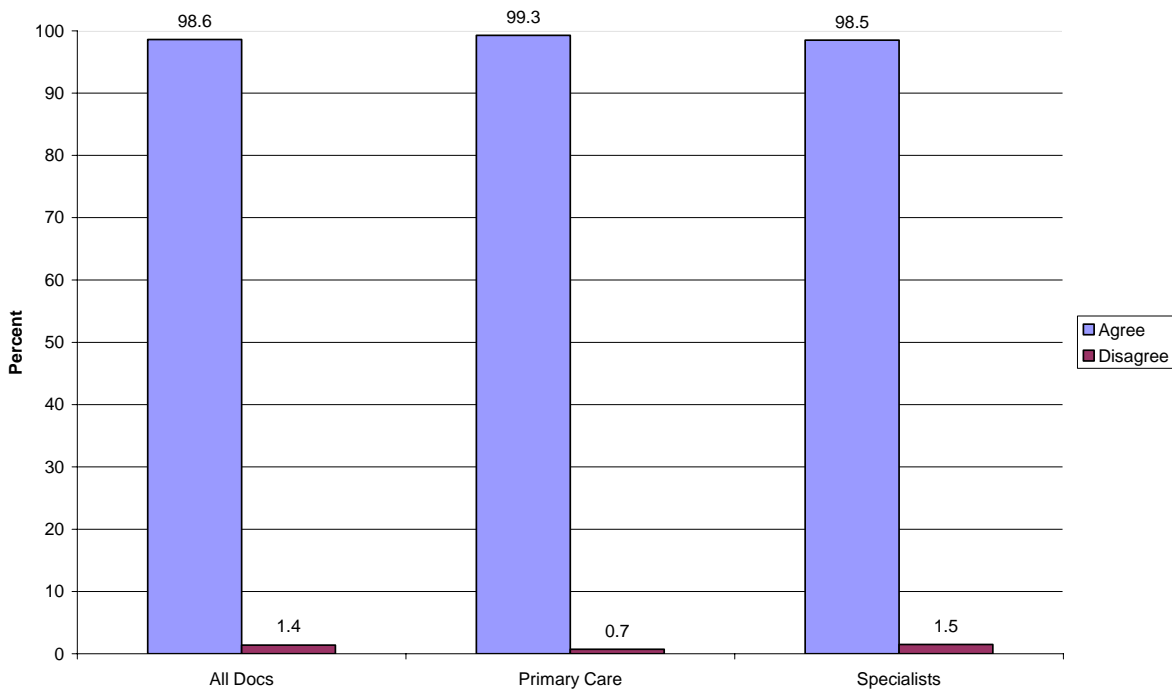


Chronic illnesses are best managed primarily by specialists who see large volumes of the same condition and therefore have specialized skill and expertise.

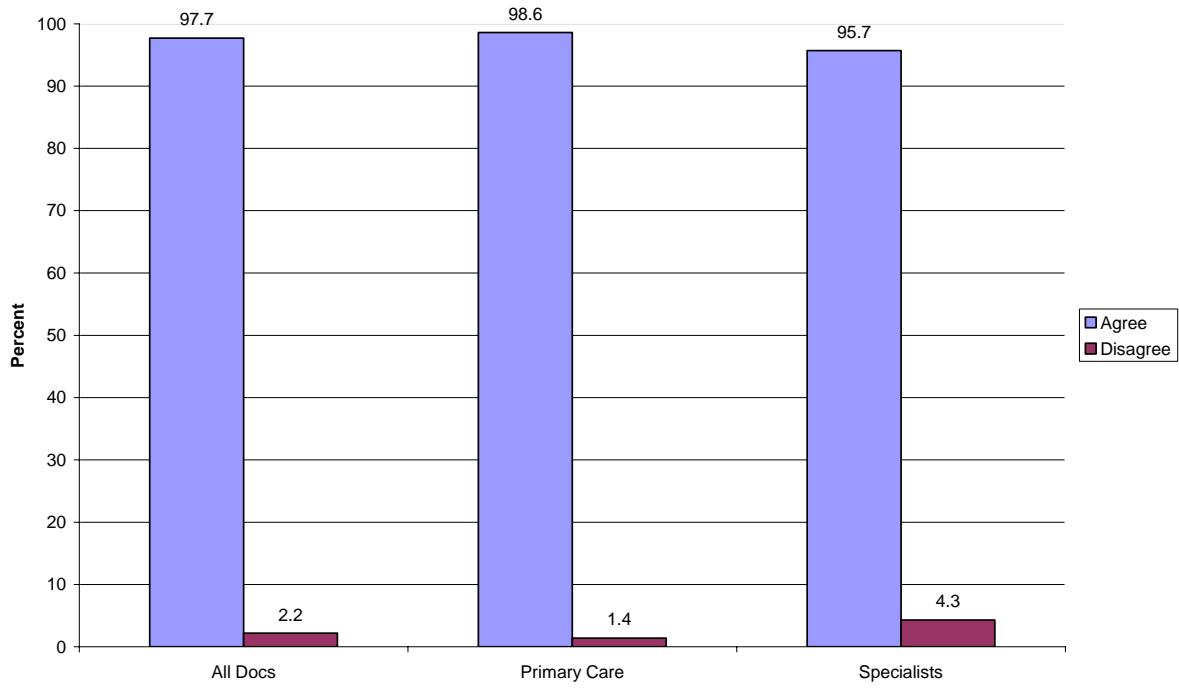


Health Determinants

The health of individuals can be enormously affected by their personal behaviors and choices.



Psychosocial and socioeconomic factors are important contributors to health status in the U.S.



Biogenetic heritage and physical health factors in the environment (infectious, traumatic etc) are the major determinants of health in the U.S.

