



# Physicians Foundation Update

Prepared for the Organization of State  
Medical Association Presidents (OSMAP)

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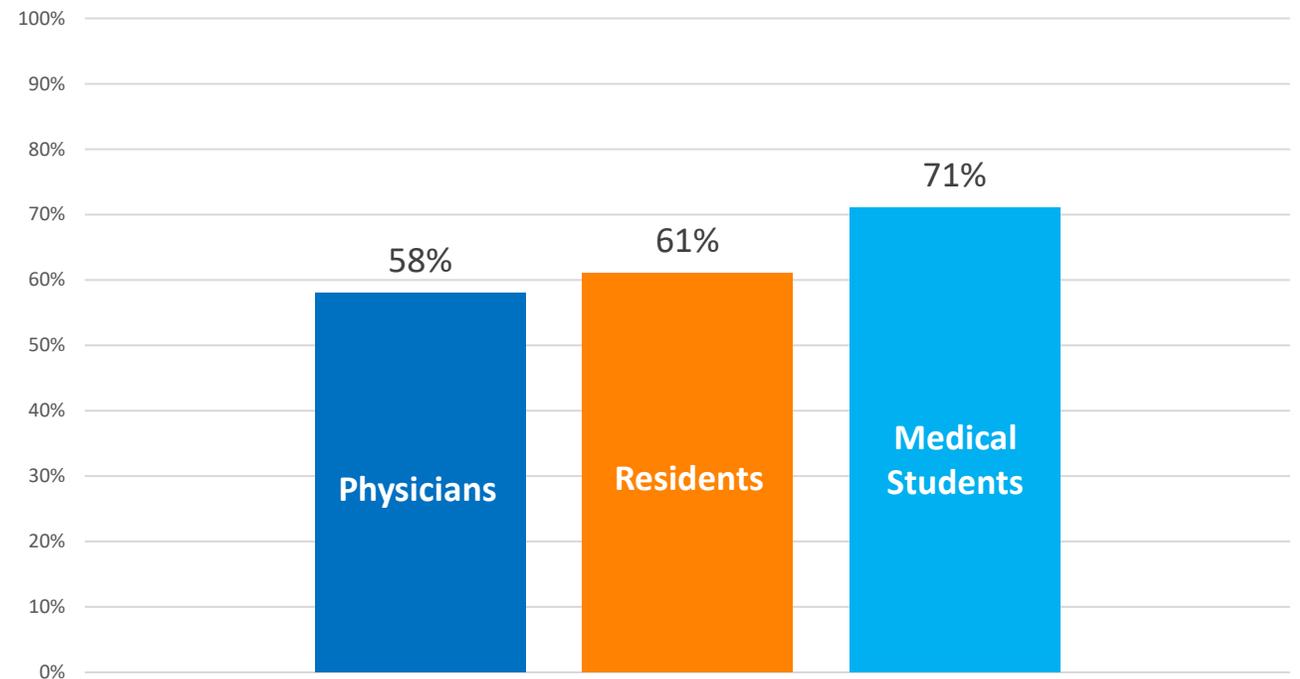
President, The Physicians Foundation



# 2023 Survey of America's Current and Future Physicians

- In 2023, we released the **2023 Survey of America's Current and Future Physicians** in recognition of National Physician Suicide Awareness Day (#NPSADay).
- This year, we expanded our survey's scope to encompass not only physician perspectives but also those of **residents** and **medical students**.
- For the third year in a row, six in 10 physicians often have feelings of burnout, compared to four in 10 before the pandemic. However, **residents and medical students report even lower states of wellbeing.**

Percent of Current and Future Physicians Who Often Have Feelings of Burnout



## Survey Key Findings

- Despite this low state of wellbeing, the majority of physicians (78%), residents (79%), and medical students (76%) agree that there is **stigma surrounding seeking mental health care** among physicians.
- **This burnout and stigma is leading to tragic outcomes.** Though just starting their careers, a shocking proportion of students (45%) know a colleague or peer who has considered suicide – as well as a large portion of residents (38%) and physicians (36%).
- **However, a generational shift is happening** – compared to physicians, agreement is significantly higher among residents and medical students for reporting they know suicidal warning signs, they have checked in with a colleague experiencing mental distress, and they have sought medical attention for mental health in the past year.

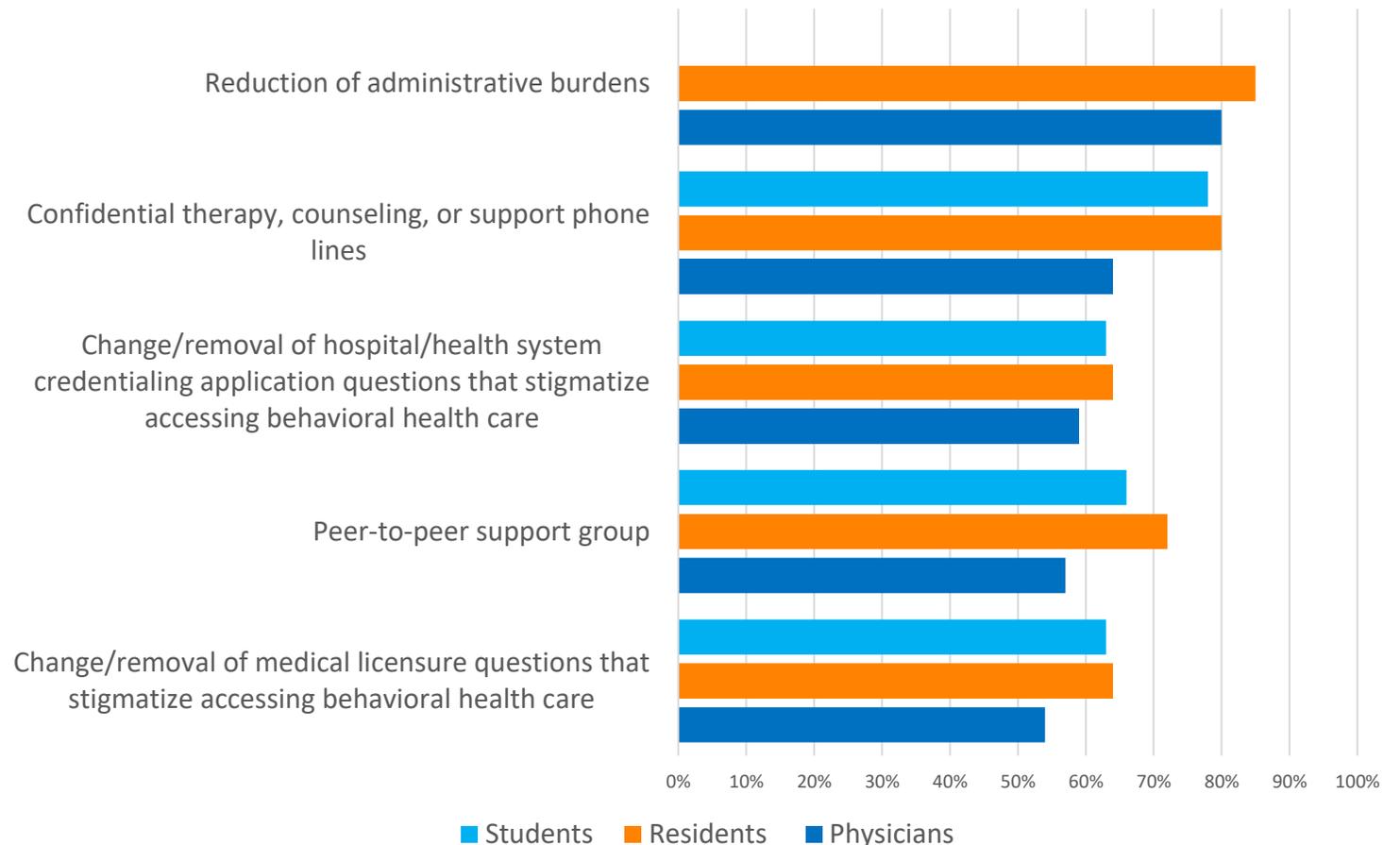
## Survey Key Findings

- At least half of physicians and residents report insurance requirements, documentation protocols, regulatory policies, and mandatory training requirements as **often or always hindering their autonomy to deliver high-quality, cost-efficient care.**
- Health care consolidation is causing a drastic shift in the health care practice environment; furthermore, among the physicians experiencing mergers and acquisitions, **only one-fifth have been involved in the decision-making process.**
- Only 11-16% of physicians, residents, and students **agree that private equity funding is good for the future of health care**, with 42-53% in disagreement.

# Physicians Identify Solutions

- Only **31% of physicians** agree that their workplace culture prioritizes physician wellbeing – declining from 36% a year ago.
- Physicians have identified the solutions they need – including **reducing administrative burdens** and **removing barriers to accessing mental health care**.

Percent Rating the Following Strategies and Resources as Very/Somewhat Helpful



# **A STUDY OF THE COST OF CARE PROVIDED IN PHYSICIAN OWNED HOSPITALS COMPARED TO TRADITIONAL HOSPITALS**

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Report submitted to The Physicians Foundation and Physician Advocacy Institute.

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- Research Questions
  - Are there **differences in cost** among Medicare patients treated in physician owned hospitals relative to traditional hospitals operating in the same region?
  - Do the Medicare patients treated in physician owned hospitals **differ significantly** from those treated in traditional hospitals operating in the same region?

# Approach

- Data source: Medicare FFS claims from 2019 (MedPAR LDS)
- Analyzed 20 highest cost DRGs with minimum of 1000 discharges in POHs
- Total cost calculated as Medicare payment amount plus any beneficiary or primary payer amounts
- Restricted payment comparisons to POHs and traditional hospitals operating in same hospital referral region (Dartmouth Atlas)

## COST DIFFERENCES: RESULTS FROM MIXED EFFECTS REGRESSION ANALYSIS



DRG Code	DRG Description	Mean payment traditional hospitals	Mean payment difference POHs vs. traditional hospitals **	Percent difference
177	Respiratory infections and inflammations with MCC	\$13,168.00	-\$1,090	-8.8%
189	Pulmonary edema and respiratory failure	\$9,730.10	-\$926	-10.2%
190	Chronic obstructive pulmonary disease with MCC	\$9,088.75	-\$1,036	-12.1%
193	Simple pneumonia and pleurisy with MCC	\$9,930.46	-\$1,057	-11.2%
246	Percutaneous cardiovascular procedures with drug-eluting stent with MCC or 4+ arteries	\$23,384.09	-\$2,729	-12.4%
247	Percutaneous cardiovascular procedures with drug-eluting stent without MCC	\$15,250.00	-\$1,623	-11.0%
280	Acute myocardial infarction, discharged alive with MCC	\$12,912.44	-\$1,582	-13.8%
291	Heart failure and shock with MCC	\$10,426.71	-\$1,275	-13.3%
454	Combined anterior and posterior spinal fusion with CC	\$50,190.24	-\$5,925	-13.2%
455	Combined anterior and posterior spinal fusion without CC/MCC	\$38,454.47	-\$4,053	-11.3%

## COST DIFFERENCES: RESULTS FROM MIXED EFFECTS REGRESSION ANALYSIS



DRG Code	DRG Description	Mean payment traditional hospitals	Mean payment difference POHs vs. traditional hospitals **	Percent difference
460	Spinal fusion except cervical without MCC	\$30,055.65	-\$3,469	-12.3%
468	Revision of hip or knee replacement without CC/MCC	\$21,110.67	-\$2,931	-15.2%
470	Major hip and knee joint replacement or reattachment of lower extremity without MCC	\$14,655.22	-\$2,128	-15.2%
473	Cervical spinal fusion without CC/MCC	\$17,918.28	-\$2,419	-11.2%
483	Major joint or limb reattachment procedures of upper extremities	\$17,305.34	-\$2,405	-14.3%
682	Renal failure with MCC	\$11,463.52	-\$975	-14.5%
690	Kidney and urinary tract infections without MCC	\$6,508.79	-\$734	-9.2%
853	Infectious and parasitic diseases with OR procedures with MCC	\$38,334.41	-\$3,127	-12.0%
871	Septicemia or severe sepsis without MV >96 hours with MCC	\$14,165.61	-\$1,105	-9.9%
872	Septicemia or severe sepsis without MV >96 hours without MCC	\$8,513.41	-\$726	-8.6%

## Summary

- Analysis of 20 high cost DRGs showed that the patient populations of POHs and traditional hospitals are very similar
  - Small differences in age, race and ethnicity, patient sickness
- Estimated total payments for Medicare patients in these DRGs were 8-15% lower than in traditional hospitals within the same market
  - This analysis used mixed effects regression models to adjust for the small differences in patient characteristics
- In this limited group of HRRs, over \$1B in savings if traditional hospitals paid at the rate of POHs

Thank You

