REPORT OF FINDINGS A Cross-Country Comparative Study of Physician Autonomy

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INTRODUCTION

Objectives:

- Document the views of physicians in selected countries on issues linked to health care environments that impact their mission
- Identify system specifics in surveyed countries that enhance or constrain the professional autonomy of physicians and influence their relationship with patients
- Promote a better understanding of the needs, expectations and perceptions of physicians on policy issues that influence provision of health care.
- Assess physician perceptions of possible limits to optimal medical service linked to system constraints in the studied models
- Serve as basis for later evaluation of the impact of US health reforms on professional autonomy and quality of care in the US
- Offer guidelines for advocacy of institutional designs that enhance doctor-guided and patient-centered quality medical care

RESEARCH METHODOLOGY

- Online survey research among a sample of 1,000 physicians, distributed across four countries: US, Germany, Switzerland and Singapore
- Distributed 65% of interviews among primary care physicians and 35% among specialists
- Multivariate analyses to identify key drivers exerting maximum leverage on physician perceptions of the quality of care that existing health care systems in their countries allow them to provide
- Interviewing completed during the period August 16-September 15, 2010.

- In the four countries studied---U.S., Germany, Switzerland and Singapore---doctors tend to be more satisfied with the overall quality of the health care they provide to their patients, than with specific aspects of their medical practices.
- More doctors in Switzerland and the U.S. are satisfied with the quality of health care their patients receive [75% and 64% respectively] than in Germany or Singapore [30% and 29%].
- But fewer doctors across all four countries assign positive ratings to specific aspects of their practices [averaging only 15%-35%] vs. the average of 54% who assign positive ratings to the overall quality of care they provide.

- The dissatisfactions exerting maximum negative impact on doctors' overall attitudes toward their careers center around their inability to treat patients as individuals, not as statistics; their incomes from their practices; lack of recognition and respect for the profession; competition for patients; and the lack of freedom to choose the therapies, medicines and procedures their patients need.
- Dissatisfaction with their lack of professional autonomy is more pronounced in Germany [62%] and the U.S. [47%] than among doctors in Singapore [9%] or Switzerland [17%].
- These criticisms notwithstanding, most [75%+] doctors across all of the countries studied---knowing what they know today--- would still select a career in medicine if they had to make that choice today; but the intensity of that commitment is less than what might be expected. Only 40% would "definitely" select a career in medicine today.

- Professional autonomy resonates with doctors in all four countries [99%], including 70% who consider it a "very important" aspect of medical practice---particularly significant in view of the small proportion [38%] currently satisfied with their freedom to choose the therapies, medicines and procedures they think are best for their patients.
- Significant differences are observed in doctors' preferences for variations in health care systems—with significant numbers in all countries favoring *universal health care* [51% in Singapore vs. 36% in Switzerland, U.S. [35%] and 29% in Germany]. *Third party fee-based* systems are preferred by 51% in the U.S. vs. 25% in Germany, 7% in Switzerland and 5% in Singapore. *Mandatory insurance* is the system of choice among 57% of doctors in Switzerland, 46% in Germany, 44% in Singapore, but only 14% among U.S. doctors.

- Most doctors would like to see themselves identified as family health care advisors and educators, promoting wellness and prevention of disease.
- In the U.S. and Singapore, doctors also lean toward positioning themselves as prominent leaders and influential in their communities, and as participants in the national health care network.
- In Germany, however, doctors are also likely to describe themselves as administrative participants in the German health care bureaucracy.
- Given the opportunity to design the *ideal* health care system for their country, doctors in most countries are more likely to support:
 - no government regulation of prescriptions for medicines or procedures approved in terms of safety and side effects
 - mandatory wellness/preventive care programs
 - health savings accounts
 - incentives for medical school graduates to enter primary care practices
 - special courts with appointed judges to handle malpractice issues

Key Drivers Factors Influencing Doctor Satisfaction

Among doctors in the four countries studied, multivariate analyses indicate that the key drivers exerting maximum leverage on doctor perceptions of the quality of health care they provide to patients are: Cumulative Index

| ٠ | Ability to treat patients as individuals rather than as statistics | 66 |
|---|---|----|
| ٠ | Opportunity to practice preventive medicine | 75 |
| ٠ | Freedom to choose therapies, medicine and procedures that are best for patients | 81 |
| ٠ | Costs of malpractice lawsuits and insurance | 88 |
| ٠ | Amount of time you can spend with each patient | 97 |

.....accounting for an estimated 35% of physician satisfaction with the quality of the health care their patients receive these day.

Key Drivers

Factors Influencing Doctor Satisfaction [continued]

Multivariate analyses of <u>U.S.</u> data indicates that same rank order of *leverage* issues---with emphasis on:

- adequate time to treat patients as individuals
- professional autonomy allowing doctors to choose the medications, procedures and treatments that are best for their patients
- Preventive medicine
- Costs of malpractice insurance and litigation
- ---but with the addition of "patient access to information about their conditions and therapies from Internet and media sources" as a key driver of U.S. physician satisfaction with the quality of health care they provide to patients.

Key Drivers

Factors Influencing Doctor Satisfaction [continued]

- Although doctors in Germany are much less satisfied with the overall quality of heath care they provide and most aspects of their practices, than in Switzerland---in both countries, doctors indicate a similar rank order of priority for issues influencing their satisfaction with the health care quality their patients receive:
 - adequate time to treat patients as individuals
 - professional autonomy allowing doctors the freedom to choose the medications, procedures and treatments that are best for their patients
 - ability to provide preventive medicine
 - ----but with additional emphasis on:
 - the effect of "patient workloads and quotas imposed by insurers/providers/ sick funds"
 - the "amount of time doctors must spend in administrative details and paperwork"
 - <u>"fast and convenient access to accurate information about emerging health</u> <u>care issues and innovations</u>".

Key Drivers

Factors Influencing Doctor Satisfaction [continued]

Doctors in <u>Singapore</u>, who tend to be less satisfied with the quality of the health care they deliver, and most aspects of their practices, than in other countries--- are more likely to be influenced by "non-clinical" issues in explaining their satisfaction or dissatisfaction with the quality of their practices:

| ٠ | Amount of time spend with each patient | 54 |
|---|---|----|
| ٠ | Their income from their practices | 71 |
| ٠ | Effectiveness of the professional associations | 79 |
| • | Access to information about emerging health care issues and innovations | 87 |
| • | Patient workloads imposed by health care providers and insurers | 90 |
| • | Freedom to choose the medicines and procedures that are best for patients | 92 |
| • | Timing and procedures for government to approve new medicines and procedures | 96 |

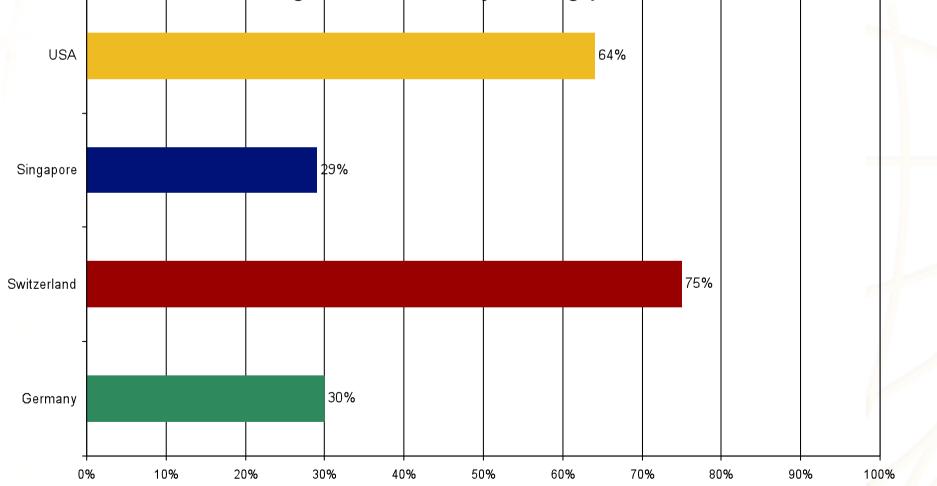
...accounting for an estimated 49% of physician satisfaction with the quality of the health care their patients receive these day.

DETAILED FINDINGS

CONSOLIDATED 4-COUNTRY SAMPLE

CONSOLIDATED 4-COUNTRY SAMPLE Satisfaction With Quality of Healthcare Provided to Patients [Positive: 8,9,10 on 0-10 Scale]

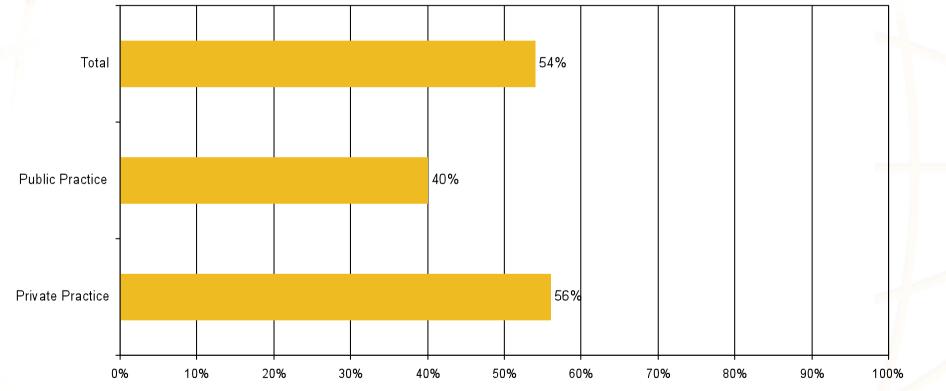
Confirming earlier survey data among doctors in various countries, satisfaction with the quality of health care provided to patients is significantly greater among doctors in the U.S. and <u>Switzerland than among doctors in Germany and Singapore</u>.



Satisfaction With Quality of Healthcare Provided to Patients

[Positive: 8,9,10 on 0-10 Scale/ Total Sample]

Among Public Practice Physicians vs. Private Practice • Across the four countries studied, physicians in <u>private</u> practice express significantly more positive evaluations about the quality of health care they provide to patients than those employed by <u>public</u> health care facilities or systems.



Reactions to Specific Aspects of Medical Practice [Positive: 8,9,10 on 0-10 Scale/ Total Sample]

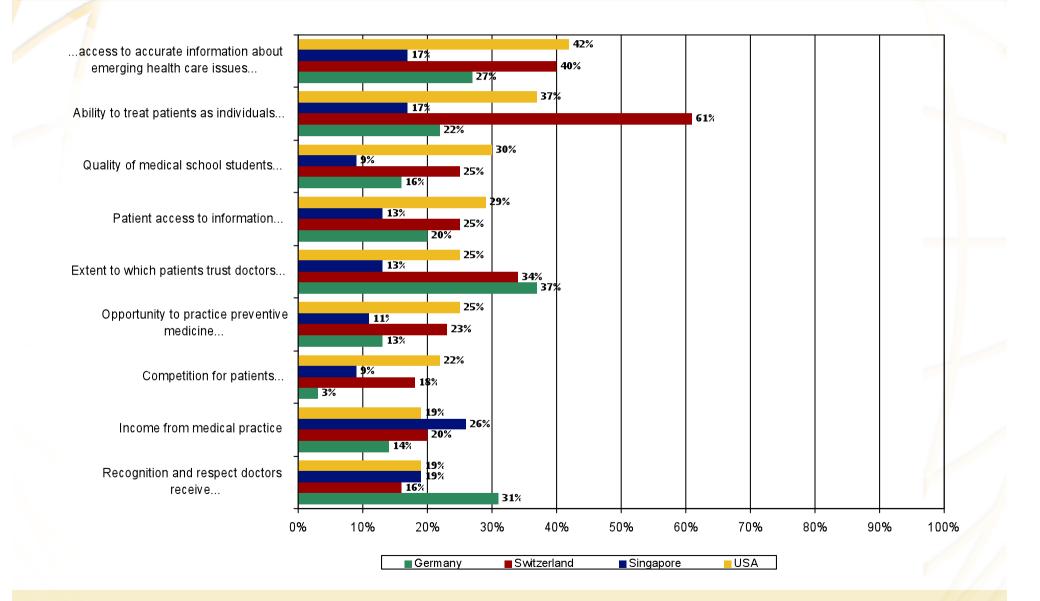
- Physicians' ratings of <u>specific</u> aspects of their medical practices are less positive [15%-35% range] than their overall satisfaction with the quality of healthcare they provide to patients [54%].
- Doctors in the U.S. and Switzerland assign significantly higher ratings to most aspects of medical practice studied than is observed among doctors in Singapore or Germany---particularly with regard to access to accurate information about emerging health care issues, ability to treat patients as individuals, and opportunity to practice preventive medicine.
- However, in connection with non-clinical aspects involving the personal relationships between doctors and their patients [trust, respect, recognition for doctors], doctors in Switzerland and Germany score their satisfaction with those aspects of their practices more favorably than U.S. physicians.
- Doctors in Singapore and Switzerland also rate their income from medical practice somewhat more favorably than doctors in other countries*.

*which may reflect other variables [e.g. cost of living, practice expenses, insurance costs, etc.]

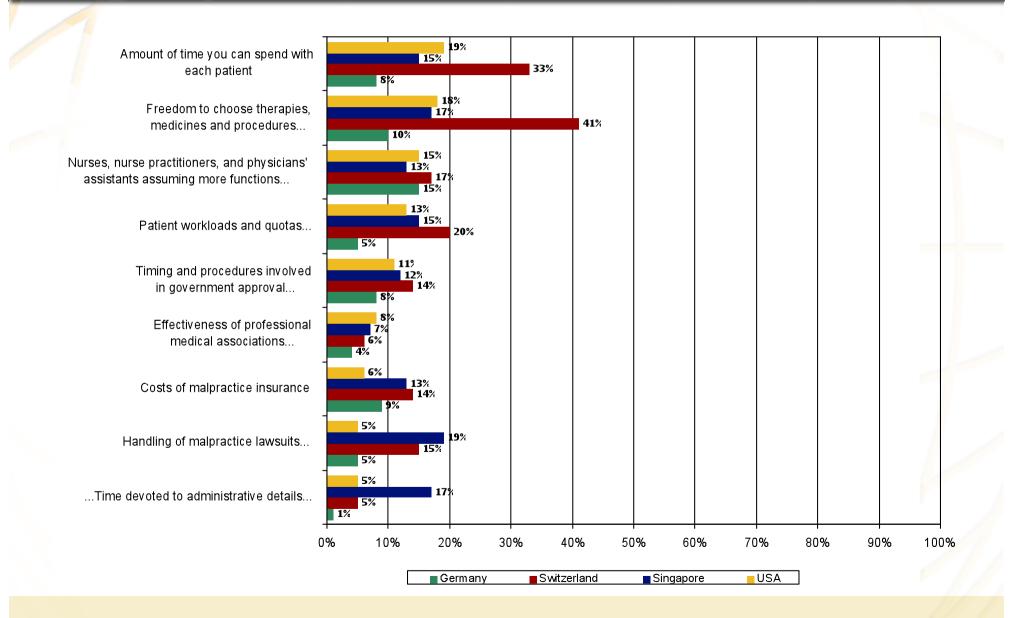
Only moderately favorable satisfaction ratings are assigned to:

- ability to treat patients as individuals, rather than as statistics [only 35% rating 8,9,10 on 0-10 scale]
- access to accurate and information about emerging health care issues [34%]
- extent to which patients trust their doctors today [28%]
- patient access to information about their conditions and therapies [24%]
- quality of medical school graduates entering the profession [23%]
- freedom to choose the therapies, medicines and procedures they think are best for their patients [21%]
- recognition and respect doctors receive in society [21%]
- opportunity to practice preventive medicine [20%]
- amount of time doctors can spend with each patient [19%]

Reactions to Specific Aspects of Medical Practice [Positive: 8,9,10 on 0-10 Scale/ Total Sample]



Reactions to Specific Aspects of Medical Practice [Positive: 8,9,10 on 0-10 Scale/ Total Sample]



Significant Dissatisfaction With Specific Aspects Total Sample

- Significant <u>dissatisfaction</u> [ratings of 4,3,2,1,0 on a 0-10 scale] is most pronounced in connection with:
 - amount of time devoted to administrative details and paperwork like entering codes, obtaining authorizations/payments [69% dissatisfaction]
 - handling of malpractice lawsuits in the courts [52%] and costs of malpractice insurance [51%]
 - patient workloads and quotas imposed by health care providers and insurers [50%]
 - effectiveness of professional medical associations [53%]
 - the timing and procedures involved in government approval of new medicines and treatments [45%]
 - nurses and assistants assuming functions previously reserved for doctors only [40%]
 - freedom to choose the therapies, medicines and procedures that are best for the patient [38%]
 - recognition and respect that doctors receive in society [35%]

Significant Dissatisfaction With Specific Aspects Total Sample [continued]

Strong dissatisfaction with the absence of "freedom to choose the therapies, medicines and procedures their patients need" is <u>much less pronounced in Singapore [9%] than in Germany [62%]</u> and the U.S. [47%]--- somewhat greater dissatisfaction [41%] among primary care physicians than specialists [31%]---and among doctors in public/government practice [46%] than private practice [36%].

Negative Leverage Issues [Total Sample]

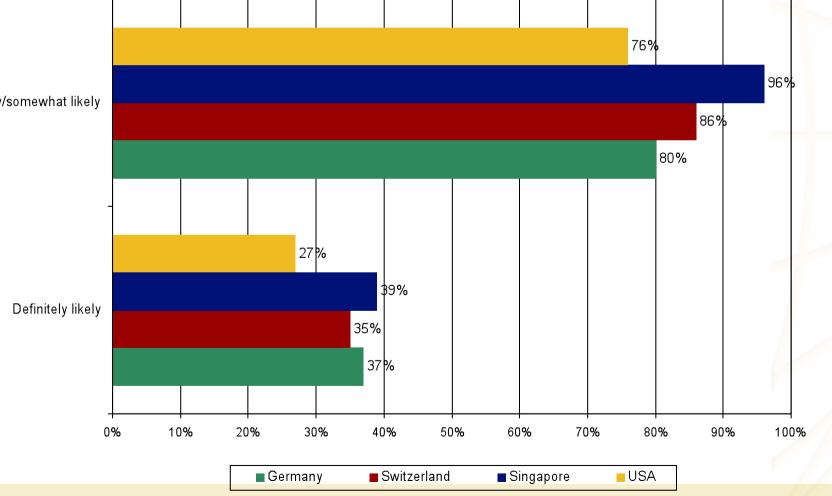
An analysis of "negative leverage" indicates that certain <u>negatives</u> associated with practicing medicine today exert disproportionate downside leverage on doctors' overall attitudes toward their careers in these four countries.

> Negative Impact Index [maximum=100]

| • | doctors inability to treat patients as individuals, as statistics | 100 | not |
|---|---|-----|-----|
| ٠ | dissatisfaction with their income from medical practice | 95 | |
| ٠ | lack of recognition and respect for doctors in society today | 80 | |
| ٠ | competition for patients | 72 | |
| ٠ | lack of freedom to choose the therapies, medicines and procedures patients need | 69 | |
| ٠ | difficulty accessing accurate information about emerging healthcare issues | 69 | |
| ٠ | lack of patient trust in their doctor today | 47 | |

Attitudes Toward a Career in Medicine Today [Total Sample]

•Given what they know today about the practice of medicine, most doctors across the four countries studied would still select a medical career [76%-96% range]---but the intensity of that feeling is less than what might be expected. Fewer than 40% in all four countries indicate that they would "definitely" select a medical career if they had it to do over.

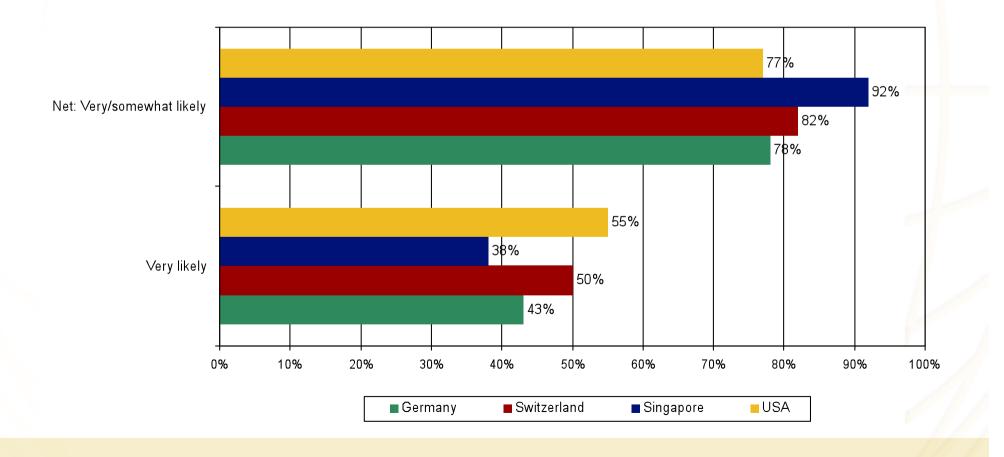


Net: Definitely/somewhat likely

Likelihood of Continuing Practice Until Age 65 or Retirement [Total Sample]

• Similarly, most doctors are likely to continue in practice until retirement age, but the proportion expressing <u>total commitment</u> to remaining in the medical profession averages fewer than 50%.

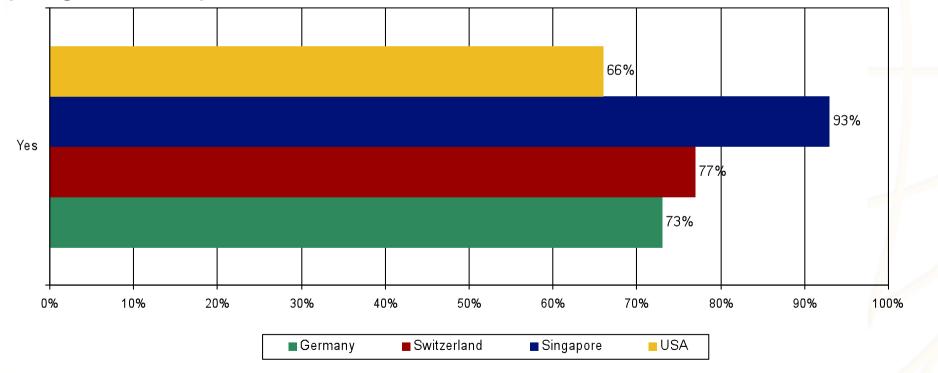
• "Total commitment" to continuing practice is greater among doctors in the U.S. [55%] and Switzerland [50%] than in Germany [43%] or Singapore [38%].



Would Recommend a Career in Medicine Today to an Undergraduate Student [Total Sample]

• All things considered, and regardless of the "intensity" of commitment to the profession, most doctors would recommend a career in medicine to undergraduates considering that profession---more so among doctors in Singapore [93%] than in the U.S. [66%].

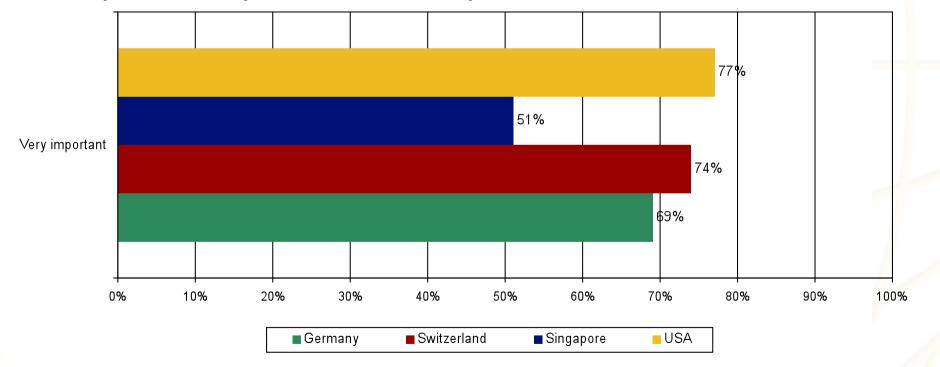
•Doctors in all countries tend to explain positive perceptions of the profession in terms of the "importance of the profession, contribution to society, sense of personal accomplishment and prestige" it offers to practitioners.



Importance of Professional Autonomy [Total Sample]

• The importance of *professional autonomy* resonates with doctors in all four countries; all doctors [99%] consider *professional autonomy* an important component of their profession.

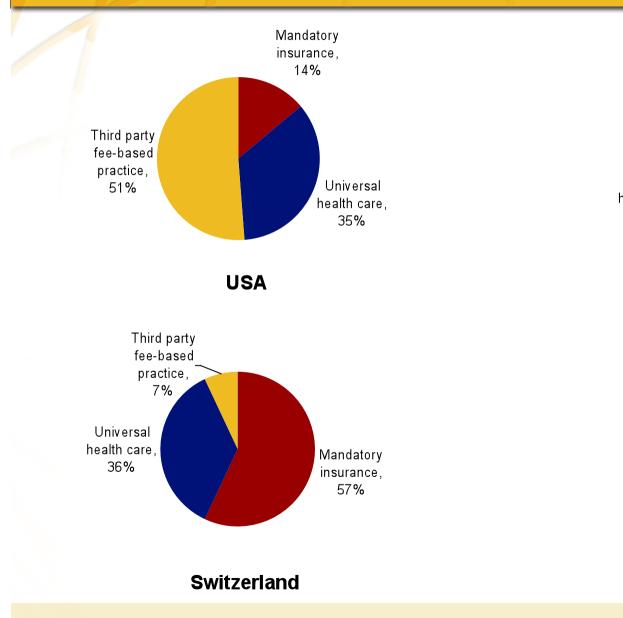
• More important, the proportion of physicians who rate that component <u>"very important"</u> totals 70%--highlighting the significance of the finding that only 38% of doctors are <u>satisfied</u> with their *freedom to choose the therapies, medicines and procedures they think are best for their patients.*

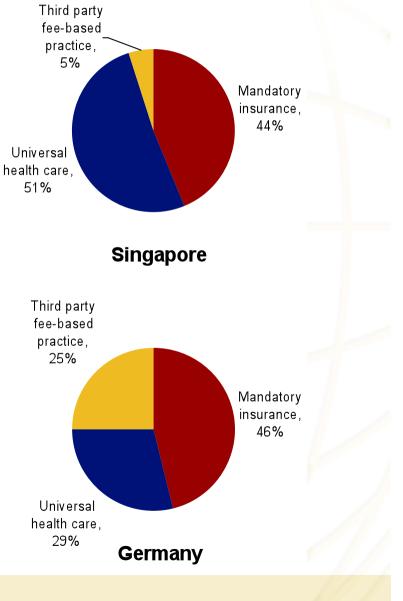


Most Effective Health Care System Total Sample

- Preferences for different health care systems varies significantly among doctors in selected countries.
 - 51% of U.S. doctors favor a *third party fee-based practice*, compared to 25% Germany, 7% in Switzerland and 5% in Singapore
 - Universal health care is the system of choice among 51% of doctors in Singapore, 36% in Switzerland, 35% in the U.S. and 29% in Germany
 - Mandatory insurance is the preferred system in Switzerland [57%], Germany [46%], Singapore [44%]---vs. only 14% in the U.S.

Most Effective Health Care System





Doctors Stands on Health Care Positions and Policies [Total Sample: "Agree Strongly"]

- Health coverage plans and insurance companies focus almost exclusively on cost containment and statistics, rather than allowing doctors to treat patients as individuals 53%
- Government interference makes doctors spend more time navigating the system when they should be devoting more time with their patients 52%
- The future of health care depends largely on whether there are enough primary care physicians to meet patient needs 48%
- Government budgets and regulations don't take into account the aging population, and the need for spending more time with elderly patients to provide the quality care and special treatments they need 47%
- Doctors should become more active in politics and professional associations that promote their independence and freedom to practice medicine without government interference 40%

Doctors Stands on Health Care Positions and Policies [Total Sample: "Agree Strongly"] [continued]

- Elected officials don't differentiate health care from other important budget items like education, roads & highways, national defense and environmental protection 37%
- Governments should assign greater importance to preventing frivolous malpractice lawsuits against physicians and hospitals 35%
- Mandatory retirement at age 60 or 65 robs health care systems of some of their most experienced and valuable physicians 32%
- Medical "tourism" where patients travel to distant locations to obtain low cost health care, is an indicator of the decline in the personal doctor/patient relationship

Doctors Stands on Health Care Positions and Policies [Total Sample: "Agree Strongly"

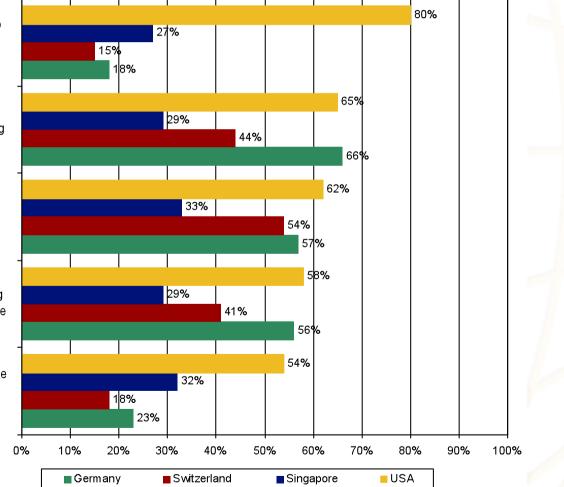
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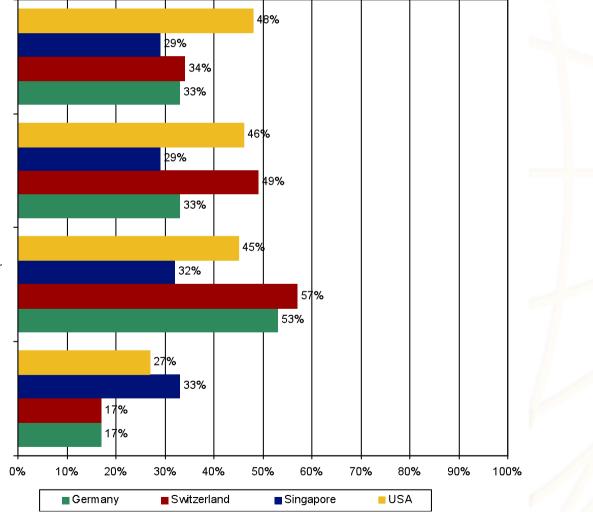
Doctors Stands on Health Care Positions and Policies [Total Sample:" Agree Strongly"]

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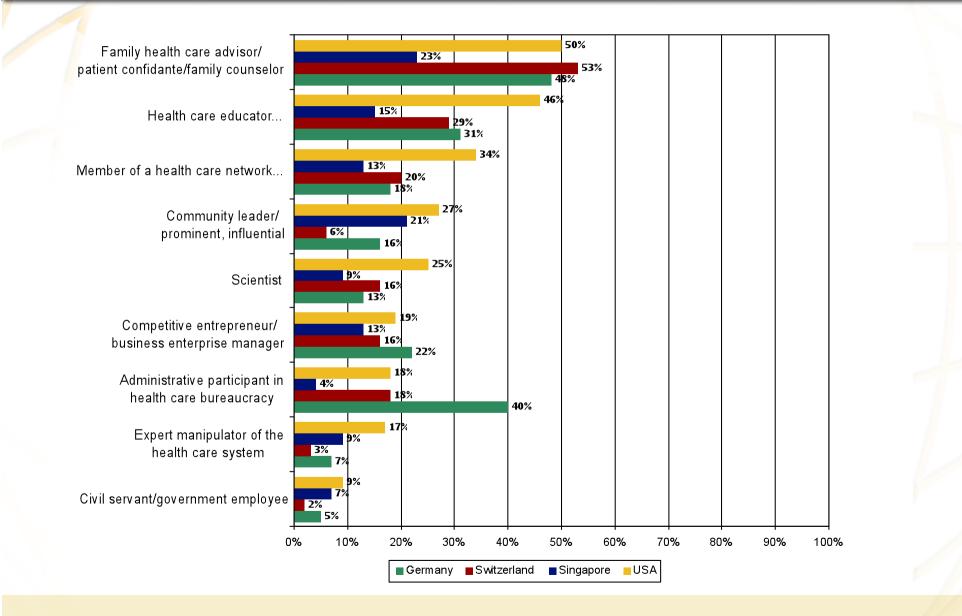


The Physician's Self-Image

Total Sample

- In the U.S., Germany and Switzerland, the "descriptor" that doctors favor most centers around the close, long-term personal relationship between the physician and the individual patient---"family health care advisor/patient confidante/family counselor/health care educator promoting wellness and prevention of disease."
- Doctors in Singapore are somewhat less inclined to emphasize the personal patient relationship or the role of health care educator, and leaning more toward the role of "community leader/prominent influential."
- American doctors are more apt to accept the multiple roles of family health care advisor, health care educator, a participant in the nation's health care network, and an influential member of society and the scientific community.
- Doctors in Switzerland and Germany identify almost exclusively with the roles of "family health care advisor" and "health care educator"---but German doctors in particular are more likely to think of themselves as "administrative participants in the German health care bureaucracy."

The Physician's Self-Image Total Sample



Inventing the Ideal Healthcare System [Total Sample]

- Designing the hypothetical "ideal" health care system, there is universal support for mandatory wellness/preventive care programs with incentives for patients and doctors achieving health care goals---selected by 49% of all doctors studied: 65% in Singapore vs. 51% in Germany, U.S. [48%] and 38% in Switzerland.
- Health savings accounts combined with high deductible catastrophic coverage—with options to select deductible levels and vouchers for those in financial need--- are also a top-tier selection for the "ideal" health care system [40% among all doctors, but <u>much greater</u> <u>preference [59%] among doctors in Singapore</u>, and U.S. [52%] vs. only 28% support in Germany and 16% in Switzerland

- 41% of all doctors seek the elimination of government regulation of doctors' prescriptions of medicines or procedures—providing those medicines and procedures conform to established norms regarding safety and side effects---reaching 52% in Germany, U.S. [49%], Switzerland [38%] ---but <u>only 7% of doctors in Singapore</u> recommend that feature in the "ideal" health care system in their country.
- There is also widespread support for the introduction of special courts to hear medical malpractice suits—39% among all doctors, reaching 54% in the U.S., 42% in Singapore, Germany [34%]---vs. only 14% of Swiss doctors favoring that legal innovation.
- Special incentives to medical students to practice primary care medicine after graduation is selected by 38% of all doctors---48% in Switzerland vs. 42% in the U.S. and 36% in Germany---and 19% in Singapore.
- Only 23% of all doctors favor government payment of all physicians salaries---highest in Singapore [57%]---minimal [less than 20%] in other countries

- The concept of free health care for all is supported by only 20% of all doctors studied---39% in Singapore and 26% in Germany vs. only 14% in the U.S. and Switzerland
- Proposals to assign more responsibilities to nurses, nurse practitioners and physicians' assistants in order to reduce doctors' workloads is controversial across the countries studied. Only 26% of all physicians support that concept, but in Singapore, 56% approve---36% in Germany---vs. only 21% in Switzerland and 12% in the U.S.

Inventing the *Ideal* Healthcare System Total Sample

