

Michigan Department of Community Health
Survey of Physicians
Survey Findings 2009

INTRODUCTION

As of January 2009, the total number of physicians licensed in Michigan is 42,960. Of these, 31,802 are doctors of allopathic medicine (MD) and 6,648 are doctors of osteopathic medicine (DO). The remaining 3,598 MDs and 912 DOs hold an educational limited license while they are enrolled in a graduate medical training program.

In 2009, in conjunction with the license renewal process, the Michigan Department of Community Health (MDCH) conducted the fifth annual survey of fully licensed physicians to collect data on their employment characteristics, practice specialty, time spent providing patient care, practice capacity and acceptance of Medicaid, plans to continue practice, origin and education background, professional activities, use of computer technology, and gender, age, race, and ethnicity. For the first time, the survey also included questions about pain management and practice arrangements.

Physicians are required to renew their license every three years, thus dividing the universe of physicians into three cohorts of roughly equal size. About 14,000 physicians were eligible for renewal and received a copy of the survey instrument with their license renewal form. The survey was also available to physicians completing their license renewal online. A total of 12,143 physicians renewed their license and 3,343 survey responses were received online or by mail, for a response rate of 28 percent and a margin of error of ± 1.4 percent with 95 percent confidence.¹

The MDCH contracted with Public Sector Consultants Inc. (PSC) for development, implementation, and analysis of the survey of physicians. The survey questions and response frequencies are provided in the Appendix. Findings from the survey are presented below. Many of the findings from the 2009 survey of physicians are consistent with findings from previous surveys; differences in the data that fall outside the margin of error are noted. However, differences should be interpreted with caution; they may be due to changes over time or simple variation in the group of physicians renewing their licenses in 2009 compared to those renewing in 2008 or 2007.

The 3,343 returned surveys (paper and Web surveys) include fully and partially completed surveys (i.e., those with information missing for one or more variables); for this reason, sample size for individual variables will differ and the margin of error may change slightly depending upon the amount of missing data for that particular variable.

¹ For example, if the answer to a survey question is 60 percent “Yes,” the margin of error and confidence level mean that if this question were asked 100 times, in 95 occurrences the answer of the entire universe of possible respondents would be between 58.6 percent and 61.4 percent (i.e., the ± 1.4 percent margin of error).

EMPLOYMENT CHARACTERISTICS

- About 66 percent of fully licensed physicians responding to this survey are *active* in Michigan—that is, they are providing patient care *in Michigan* (62 percent) or working as a physician in Michigan with no time in patient care (4 percent)² (see Exhibit 1).
- About 34 percent of physicians fully licensed in Michigan are *not active*; they are not working as a physician, or they are working as a physician, but not in Michigan.

EXHIBIT 1
Employment Characteristics of Fully Licensed Physicians, 2009

Status	Percentage
Active in Michigan	66%
Providing patient care services in Michigan	62
Working as a physician in Michigan but no time in patient care	4
Not Active in Michigan	34
Working as a physician, but not in Michigan	27
Not working as a physician	7

SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.

In 2009, MDCH asked physicians for the first time to indicate their main practice. Physicians were also asked whether they are a salaried employee in any of their places of employment (see Exhibit 2).

- A large majority (65 percent) of active physicians practice in a group practice.
 - Thirty-six percent work in a practice with six or more full-time equivalent (FTE) physicians
 - Twenty-nine percent work in a practice with two to five FTE physicians.
- Thirty-five percent of active physicians work in a solo practice, including 5 percent who work in a solo practice that shares expenses with other physician practices.
- A third of active physicians indicate that they are not salaried employees.
- Twenty-five percent are salaried employees in a practice that they own or co-own; 16 percent are salaried employees in a practice or professional corporation owned by someone else.
- Seventeen percent are salaried employees in a hospital; 10 percent are salaried employees in a university or teaching institution.

² This definition of the term “active” is used throughout this report.

EXHIBIT 2
Employment Characteristics of Active Physicians, 2009

Employment type	Percentage
Not a salaried employee	33%
Salaried employee with:	
a practice I own or co-own	25
a professional corporation or practice that I do not own	16
a managed care organization	1
a hospital	17
a university or teaching institution	10
another type of organization	6

SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.

NOTE: Physicians were asked to "mark all that apply," so percentages do not equal 100 percent.

PRACTICE SPECIALTY

About a third of active physicians surveyed in 2009 (34 percent) are primary care doctors (that is, their primary specialty is family practice, general medicine, internal medicine, or general pediatrics). The remainder are specialists in an area other than primary care (see Exhibit 3). In the 2006 survey of physicians in the same license renewal cohort, a smaller percentage of physicians (28 percent) indicated a primary care specialty.

EXHIBIT 3
Distribution of Active Physicians, by Specialty, 2009

	Specialty			Specialty	
	Primary	Secondary		Primary	Secondary
Addiction medicine	<1%	4%	Ophthalmology	3%	<1%
Allergy & Immunology	1	1	Orthopedic Surgery	3	<1
Anesthesiology	3	1	Otolaryngology	1	<1
Cardiovascular Disease	2	2	Osteopathic Manipulative Medicine	<1	3
Critical Care Medicine	1	2	Pain medicine	1	4
Dermatology	1	1	Pathology (General)	3	1
Emergency Medicine	5	1	Pediatrics (General)	5	3
Endocrinology	1	1	Pediatrics subspecialty	2	3
Family Practice	16	5	Medical Pediatrics	<1	1
Gastroenterology	1	1	Physical Medicine & Rehabilitation	1	<1
General Medicine	4	5	Plastic Surgery	<1	1
Geriatrics	1	8	Preventive Medicine	<1	1
Hospice & palliative medicine	1	1	Psychiatry (Adult)	6	4
Hospitalist	1	3	Psychiatry (Child & Adolescent)	1	4
Infectious Disease	1	1	Pulmonary Disease	1	1

	Specialty		Specialty		
	Primary	Secondary	Primary	Secondary	
Internal Medicine (General)	9	13	Radiology (Diagnostic)	4	1
Nephrology	2	<1	Radiology (Therapeutic)	1	1
Neurology	3	1	Rheumatology	1	1
Neurological Surgery	<1	<1	Sports Medicine	<1	4
Obstetrics & Gynecology (General)	4	1	Surgery (General)	3	2
Obstetrics & Gynecology subspecialty	<1	1	Thoracic Surgery	<1	1
Gynecology (Only)	1	1	Urology	1	0
Occupational Medicine	1	2	Vascular Surgery	1	2
Oncology/Hematology	2	1	Other	3	9

SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.
NOTE: Percentages do not equal 100 percent due to rounding.

Psychiatry, dermatology, endocrinology, and rheumatology are the specialties for which active physicians say that they or their patients have the greatest difficulty scheduling a timely appointment for a referral (see Exhibit 4). Six to ten percent of physicians note difficulty scheduling appointments for referrals to these specialty areas, which are the same specialty areas reported on previous surveys. About 5 percent of physicians also indicate difficulty arranging appointments for referrals to addiction medicine, pain medicine, and neurology. Addiction medicine and pain medicine, which had not been response options on past surveys, are new additions to the list for referral difficulty.

EXHIBIT 4 Greatest Difficulty Scheduling Referrals, by Specialty Area, 2009

Specialty	Percentage of active physicians indicating difficulty scheduling a referral to the identified specialty
Psychiatry (Adult)	10%
Psychiatry (Child & Adolescent)	8
Dermatology	7
Endocrinology	6
Rheumatology	6
Addiction medicine	5
Pain medicine	5
Neurology	5

SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.
NOTE: Data presented are for *active* physicians fully licensed in Michigan.

TIME SPENT PROVIDING PATIENT CARE

- Fully licensed, active physicians who provide patient care spend an average of 39 hours per week providing such care.

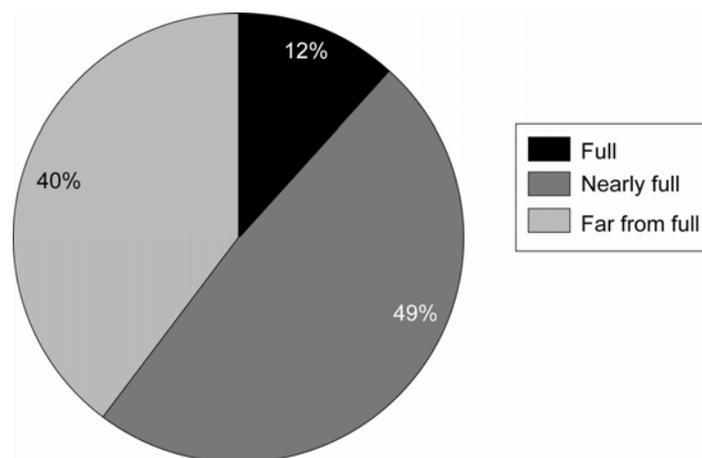
- Twenty-five percent of these physicians spend 30 hours or fewer per week providing patient care.
- Twenty-five percent spend more than 50 hours per week providing patient care.

PRACTICE CAPACITY AND ACCEPTANCE OF MEDICAID

Survey questions on practice capacity and acceptance of patients from publicly funded programs were modified after the 2005 survey of licensed physicians. Therefore, the following percentages should not be compared with survey findings from 2005.

- Twelve percent of physicians who are providing patient care report that their practice is full, and they cannot accept any new patients (see Exhibit 5). In the 2006 survey of physicians in the same license renewal cohort, a larger percentage of physicians (16 percent) said their practice was full.
- Half (49 percent) of active physicians in 2009 report that their practice is nearly full and they can accept only a few new patients.
- Forty percent report that their practice is far from full and they can accept many new patients.
- Eighty-five percent of fully licensed physicians who are providing patient care report that they currently provide care to Medicaid patients (see Exhibit 6), compared to 89 percent of physicians surveyed in the same license renewal cohort in 2006.
- Seventy-three percent provide care to *new* Medicaid patients, compared to 80 percent of physicians surveyed in 2006.
- Ninety percent of physicians who are providing patient care report that they provide care to Medicare patients.
- Eighty-four percent provide care to *new* Medicare patients.

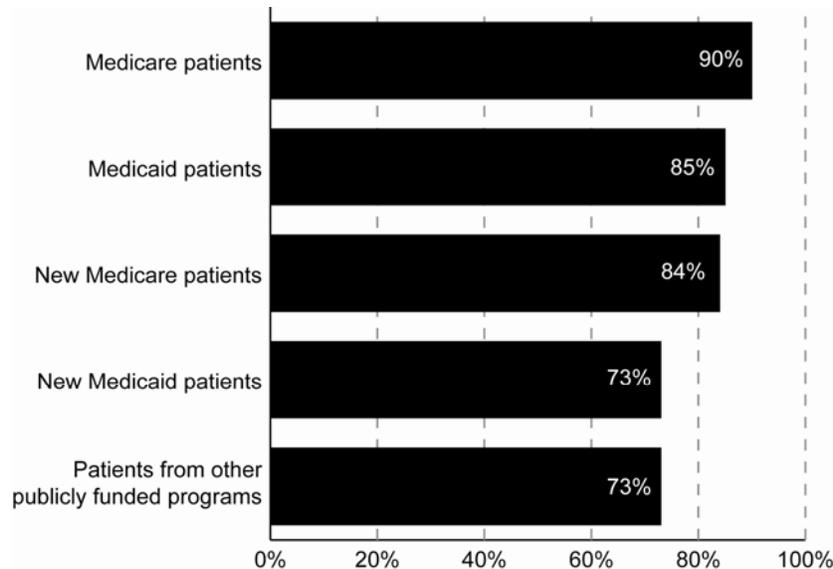
EXHIBIT 5
Practice Capacity of Active Physicians, 2009



SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.

NOTE: Data presented are for *active* physicians fully licensed in Michigan who are providing patient care services. Percentages do not equal 100 percent due to rounding.

EXHIBIT 6
Percentage of Active Physicians Providing Care to Patients from
Publicly Funded Programs, 2009



SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.

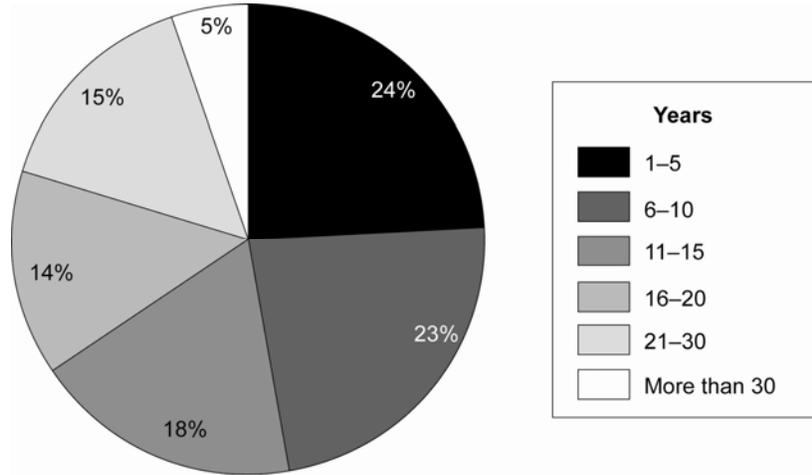
NOTE: Data presented are for *active* physicians fully licensed in Michigan who are providing patient care services.

PLANS TO CONTINUE PRACTICE

- Forty-seven percent of active physicians surveyed in 2009 plan to practice medicine for only one to ten more years (see Exhibit 7). This percentage has been increasing since 2006, when 34 percent of physicians indicated planning to practice for only one to ten more years.
- At the same time, the percentage of active physicians planning to continue practicing medicine for more than 20 years has been on the decline, from about 29 percent in 2006 to 20 percent in 2009.
- In the next three years, 11 percent of active physicians plan to increase patient care hours, 7 percent plan to significantly reduce patient care hours, 4 percent plan to move their practice out of state, and 8 percent plan to retire (see Exhibit 8).
- For physicians who are planning to retire or reduce their patient care hours, the factors cited most often are age, increasing administrative/regulatory burden, and inadequate reimbursement for services (see Exhibit 9).
 - By far, age is the predominant reason given by active physicians for retiring or reducing patient care hours. Seventy-six percent of active physicians cite age as a factor in their plans. While age has always been the foremost factor, it has been increasing since 2006 when 63 percent of active physicians said age was a factor in their decision to retire or reduce patient care hours.
 - Another noteworthy finding is the decrease in the percentage of active physicians who cite the cost of medical malpractice insurance as a factor in the decision to retire or reduce patient care hours. About 16 percent of physicians indicated

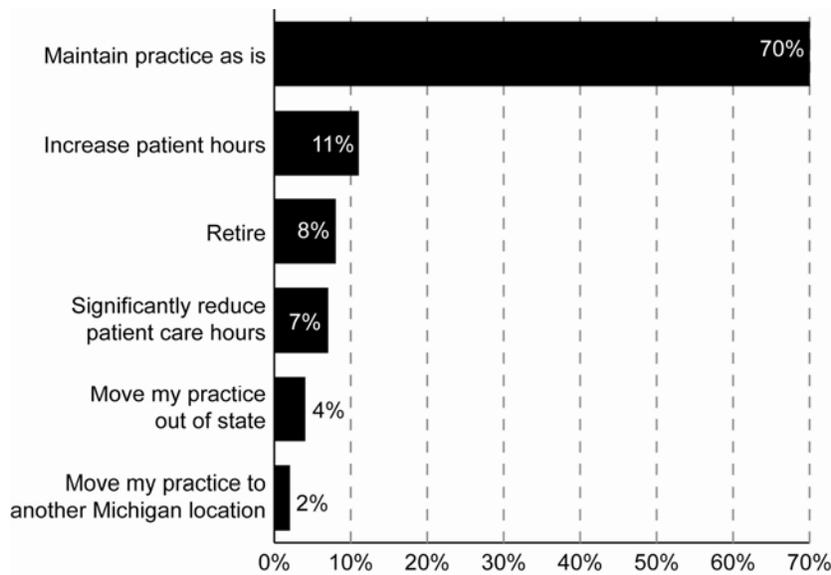
malpractice insurance as a factor in their decision in 2009. In past surveys, approximately 25 percent of physicians indicated that the cost of medical malpractice influenced their decision.

EXHIBIT 7
Plans to Continue Practicing, Active Physicians, 2009



SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.
NOTE: Data presented are for *active* physicians fully licensed in Michigan. Percentages do not equal 100 percent due to rounding.

EXHIBIT 8
Practice Plans of Active Physicians for the Next Three Years, 2009



SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.
NOTE: Data presented are for *active* physicians fully licensed in Michigan. Physicians were asked to “mark all that apply,” so percentages equal more than 100 percent.

EXHIBIT 9
**Distribution of Factors Contributing to Decisions to
 Retire or Reduce Patient Care Hours, 2009**

Factors	Percentage
Age	76%
Increasing administrative/regulatory burden	35
Inadequate reimbursement for services	27
Lifestyle changes	21
Medical malpractice insurance cost	16
General lack of job satisfaction	19
Personal or family health concerns	14
Move to management/consulting/teaching/research	6
Employer/employee conflict	3
Childbearing/childrearing	2
Other	1

SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.

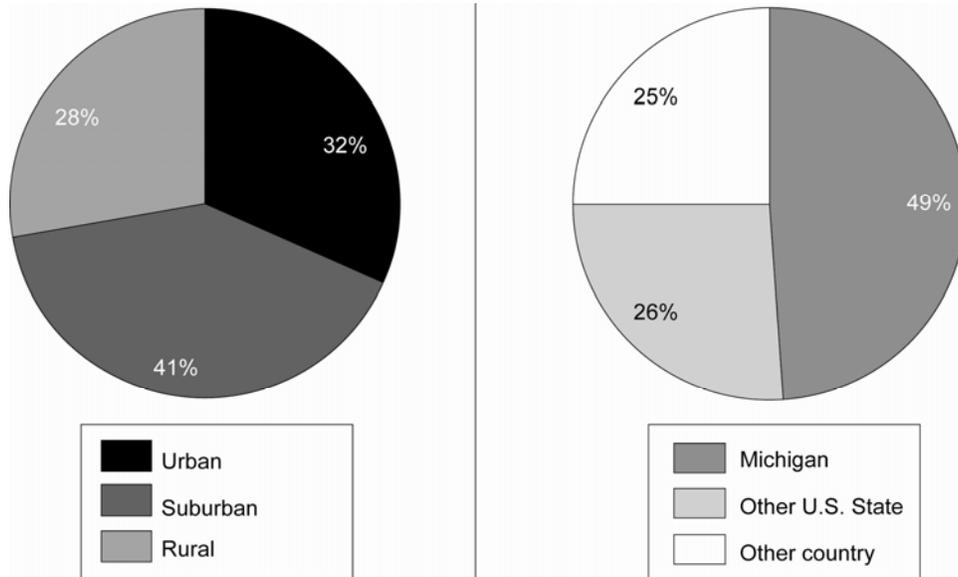
NOTE: Data presented are for *active* physicians fully licensed in Michigan who indicated they plan to retire or reduce their patient care hours in the next three years. Physicians were asked to “mark all that apply,” so percentages equal more than 100 percent.

ORIGIN AND EDUCATION BACKGROUND

The 2009 survey findings on the origin and education background of fully licensed, active physicians are similar to previous survey findings.

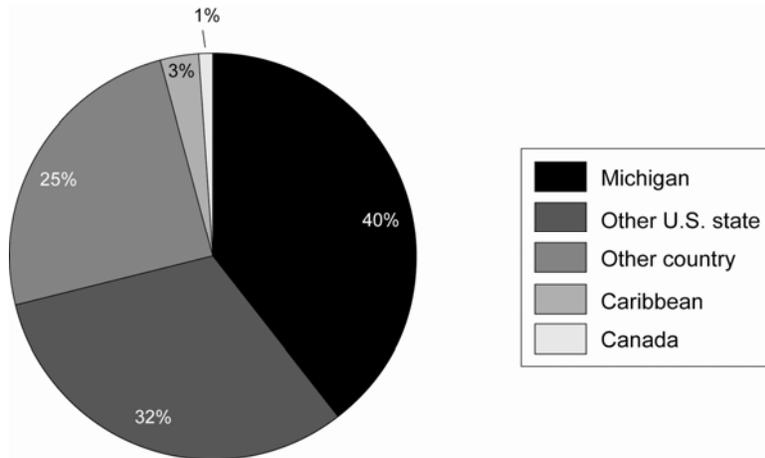
- In the 2009 survey, 49 percent of active Michigan-licensed physicians grew up in Michigan, 26 percent grew up in another U.S. state, and 25 percent grew up in another country (see Exhibit 10).
- Forty-one percent of active physicians grew up in a suburban area, 32 percent in an urban area, and 28 percent in a rural area/small town.
- Survey results show that 40 percent of active physicians attended a medical school in Michigan, 32 percent attended a medical school in another state, and about 29 percent attended a medical school outside of the United States (see Exhibit 11).
- Sixty-one percent of active physicians surveyed in 2009 did a residency in Michigan; 14 percent did a fellowship in Michigan.
- About 4 percent of fully licensed physicians are currently enrolled in a graduate medical training program in Michigan.

EXHIBIT 10
Origin of Active Physicians, 2009



SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.
NOTE: Data presented are for *active* physicians fully licensed in Michigan. Percentages do not equal 100 percent due to rounding.

EXHIBIT 11
Education Background of Active Physicians, 2009



SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.
NOTE: Data presented are for *active* physicians fully licensed in Michigan. Percentages equal more than 100 percent due to rounding.

PROFESSIONAL ACTIVITIES

Among fully licensed, active physicians surveyed in 2009:

- Sixty-seven percent are involved in teaching, either in a classroom (18 percent) or clinical setting (49 percent) (see Exhibit 12). This cannot be compared to previous surveys, which did not ask specifically about teaching settings, only whether the physician was involved in “teaching.”
- Seventeen percent are involved in research. The percentage of active physicians reporting involvement in research has been declining since 2006, when 32 percent reported this activity.
- Twenty percent are involved in administration in a private practice. This is a smaller percentage of active physicians than reported being involved in administration in private practice in 2008 (23 percent) or 2007 (24 percent).
- Fifteen percent are involved in administration in a medical school, hospital, health plan, or nursing home.
- Twelve percent are involved in emergency room care, compared to 14 percent of physicians surveyed in the same license renewal cohort in 2006.

EXHIBIT 12

Distribution of Professional Activities, 2009

Professional activity	Percentage
Teaching (clinical setting)	49%
Administration in a private practice	20
Teaching (classroom)	18
Research	17
Administration in medical school, hospital, health plan, or nursing home	15
Emergency room care	12
Patient care in a nursing home	7
Medical examiner	2

SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.

NOTE: Data presented are for *active* physicians fully licensed in Michigan. Physicians were asked to “mark all that apply,” so percentages equal more than 100 percent.

USE OF COMPUTER TECHNOLOGY

The use of computer technology for receiving or transmitting information has continued to expand since physicians were first surveyed in 2005 (see Exhibit 13). Fully licensed, active physicians surveyed in 2009 report that someone in their medical practice uses a computer or computer-like device to receive or transmit:

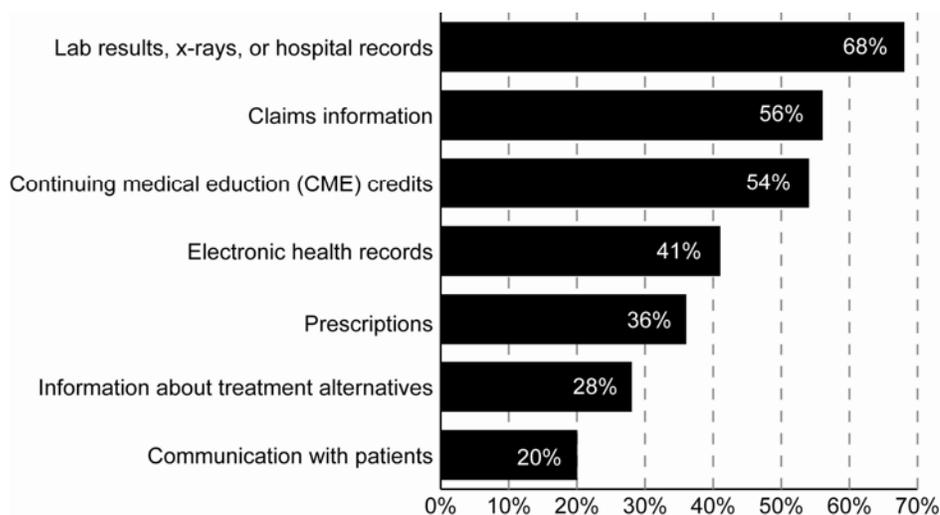
- Lab results, x-rays, or hospital records (68 percent in 2009, compared to 56 percent in 2005)
- Claims information (56 percent, compared to 48 percent in 2005)
- Continuing medical education (54 percent, compared to 40 percent in 2005)
- Electronic health records (41 percent, compared to 29 percent in 2005)

- Prescriptions (36 percent, compared to 16 percent in 2005)
- Information about treatment alternatives (28 percent, compared to 23 percent in 2005)
- Communication with patients (20 percent, compared to 14 percent in 2005)

The largest increase in the use of technology has been in the area of electronic prescribing. The percentage of physicians who indicate that they or someone in their office electronically prescribes medication has more than doubled since 2005 from 16 to 36 percent. In 2009 alone, there was an increase of 8 percentage points. This increase is likely due to the e-prescribing incentive authorized by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). Eligible professionals were able to receive incentive payments from Medicare for successful electronic prescribing beginning January 1, 2009.

EXHIBIT 13

Use of Computer Technology to Receive or Transmit Information, 2009

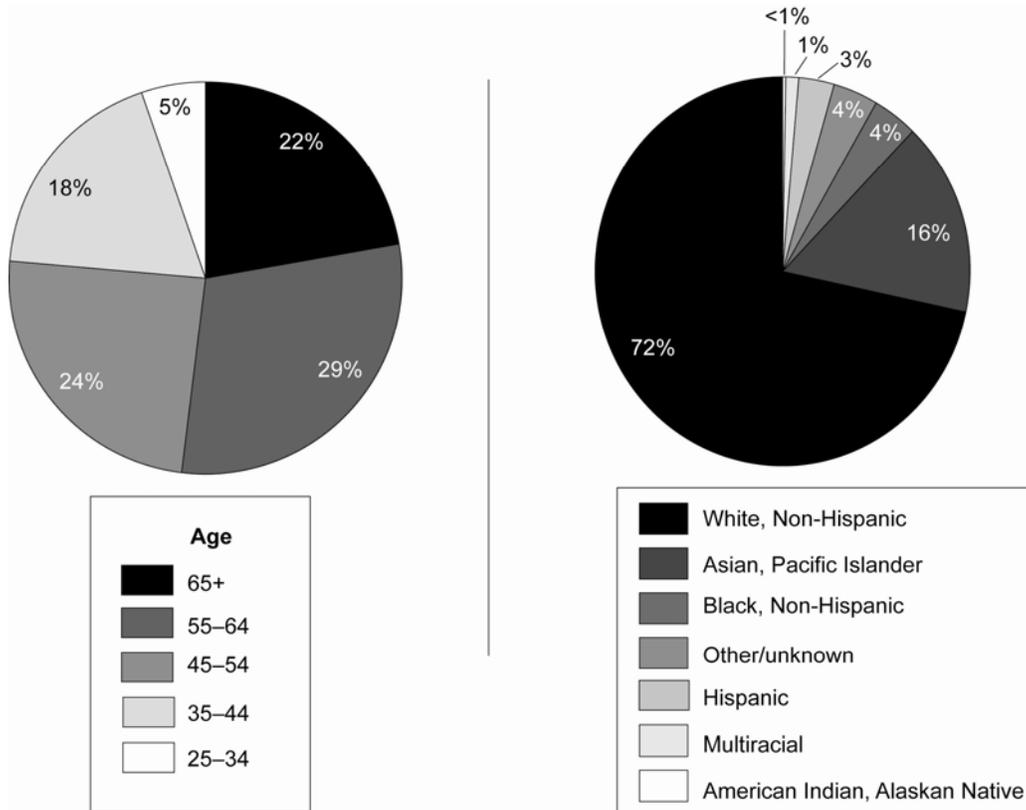


SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.
NOTE: Data presented are for *active* physicians fully licensed in Michigan.

GENDER, AGE, RACE, AND ETHNICITY

- Seventy-three percent of fully licensed, active physicians surveyed in 2009 are male; 28 percent are female.
- Fifty-one percent of these physicians are aged 55 or older (see Exhibit 14). This percentage has steadily increased since 2005, when only 37 percent of active physicians responding to the survey were aged 55 and older.
- Seventy-two percent are white, 16 percent are Asian or Pacific Islander, 4 percent are African American, 3 percent are Hispanic, 1 percent are multiracial, and less than 1 percent are American Indian/Alaskan Native.

EXHIBIT 14**Age, Race and Ethnicity of Active Physicians in Michigan, 2009**



SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.

NOTE: Data presented are for *active* physicians fully licensed in Michigan. Percentages do not equal 100 percent due to rounding.

PAIN MANAGEMENT

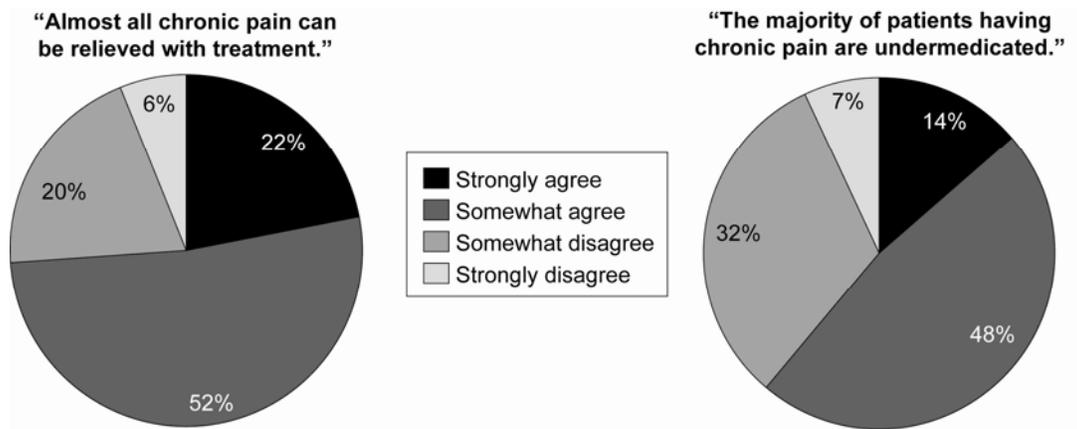
The MDCH collected information from physicians about pain management for the first time in 2009. All responses are for physicians who are active, i.e., providing patient care services in Michigan or working as a physician in Michigan but with no time in patient care.

Attitudes Regarding Pain Management

Nearly three-quarters of active physicians either strongly agree (22 percent) or somewhat agree (52 percent) with the statement, “Almost all chronic pain can be relieved with treatment” (see Exhibit 15). Approximately 62 percent either strongly agree (14 percent) or somewhat agree (48 percent) with the statement, “The majority of patients having chronic pain are undermedicated.”

EXHIBIT 15

Physicians' Attitudes Regarding Treatment of Chronic Pain, 2009



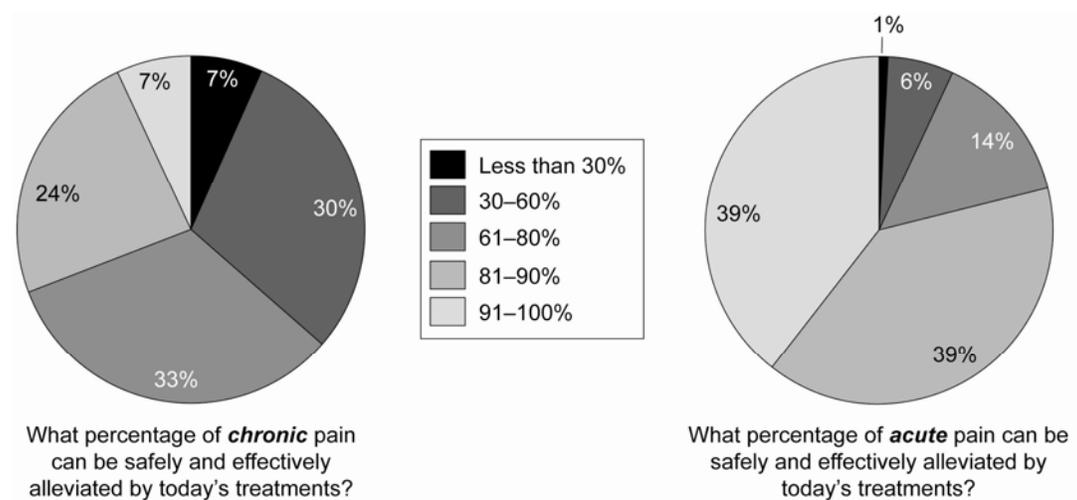
SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.

NOTE: Data presented are for *active* physicians fully licensed in Michigan. Percentages do not equal 100 percent due to rounding.

Active physicians indicate much greater confidence in the ability of current medicine to alleviate *acute* pain than *chronic* pain (see Exhibit 16). Nearly four-fifths (78 percent) of active physicians believe that 81 to 100 percent of *acute* pain can be safely and effectively alleviated by today’s treatments. Less than a third (31 percent) of active physicians believe that 81 to 100 percent of *chronic* pain can be safely and effectively alleviated by today’s treatments.

EXHIBIT 16

Physician Confidence in the Ability of Treatment to Safely and Effectively Alleviate Chronic and Acute Pain, 2009



SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.

NOTE: Data presented are for *active* physicians fully licensed in Michigan. Percentages do not equal 100 percent due to rounding.

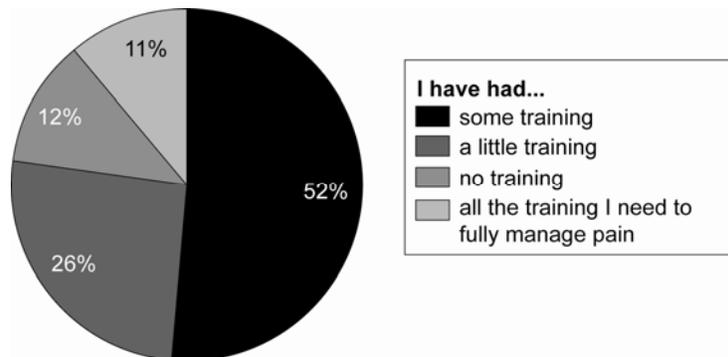
Pain Management Training

Physicians surveyed in 2009 were asked how much training they have had in managing pain and in what format they prefer to receive training (see Exhibit 17).

- Thirty-eight percent of active physicians report having had little (26 percent) or no training (12 percent) in managing pain.
- About half (52 percent) say they have had some training, and 11 percent say they have had all the training they need to fully manage pain.
- About 3 percent of active physicians are formally certified in pain management.
- More than half of active physicians (54 percent) report they would prefer to receive training in pain assessment and treatment in a traditional (in person) seminar. Another 37 percent prefer an online session or webinar (see Exhibit 18).
- Fifteen percent of active physicians feel they do not need more training.

EXHIBIT 17

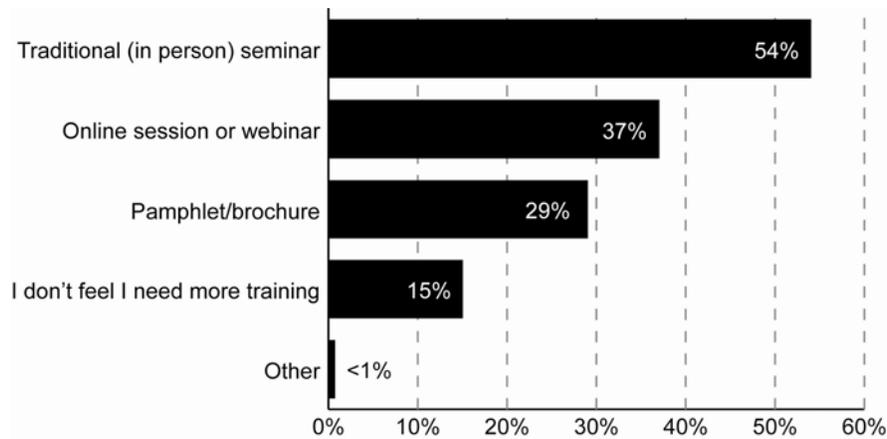
Pain Management Training Received by Active Physicians, 2009



SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.

NOTE: Data presented are for *active* physicians fully licensed in Michigan. Percentages do not equal 100 percent due to rounding.

EXHIBIT 18
Preferred Formats for Training in Pain Management, 2009



SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.

NOTE: Data presented are for *active* physicians fully licensed in Michigan. Physicians were asked to “mark all that apply” so percentages equal more than 100 percent.

When asked what have been their best sources of information on pain management, active physicians answered as follows (see Exhibit 19):

- More than half (52 percent) say that continuing medical education (CME) courses have been their best source of information.
- More than a third (36 percent) indicate that professional journals, research literature, and/or websites have been the best sources of information.
- About 31 percent say their best source of information has been discussion with peers.
- Fifteen percent or fewer indicate that their best sources of information have been a residency program (15 percent), professional association (10 percent), medical school (10 percent), or the MDCH Bureau of Health Professions (1 percent).

EXHIBIT 19
Best Sources of Information on Pain Management
as Indicated by Active Physicians, 2009

Source	Percentage
CME courses	52%
Professional journals/research literature/websites	36
Discussion with peers	31
Residency program	15
Professional associations	10
Medical school	10
MDCH Bureau of Health Professions	1
Other	<1

SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.

NOTE: Data presented are for *active* physicians fully licensed in Michigan. Physicians were asked to “mark all that apply” so percentages equal more than 100 percent.

Barriers to Addressing Pain

When asked what the greatest barrier is to adequately addressing their patients' pain, nearly a third of active physicians (32 percent) indicated it is the fear that the patient may become addicted to pain medication (see Exhibit 20). About a quarter (23 percent) say the greatest barrier is that the patient does not report, or underreports, his or her pain. Seventeen percent point to their own lack of knowledge or proper training on how to fully assess and treat pain, and 15 percent say they have insufficient time with patients to assess pain.

Only about 5 percent of active physicians report that fear of losing their license for improper prescribing of controlled substances is the greatest barrier to adequately addressing their patients' pain. In response to a separate question, nearly three-quarters (72 percent) say that fear of losing their medical license never or rarely affects their decision to prescribe opiates.

EXHIBIT 20 Greatest Barriers to Addressing Patients' Pain, 2009

Barrier	Percentage
My fear that the patient may become addicted to pain medication.	32%
Patient does not report, or underreports, his/her pain.	23
My lack of knowledge or proper training on how to fully assess and treat pain.	17
Insufficient time with patients to assess pain.	15
Lack of effective pain medication.	6
Fear of losing my license for improper prescribing of controlled substances.	5
Hospice and palliative care services are not readily available to my patients.	2

SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.

NOTE: Data presented are for *active* physicians fully licensed in Michigan.

The Michigan Automated Prescription System (MAPS) is available to physicians to track when and where controlled substances have been dispensed to their patients. Two-thirds (68 percent) of active physicians report being aware of MAPS, and 38 percent report having used MAPS.

Non-pharmacological Treatments for Pain

Active physicians responding to the 2009 survey are generally more likely to make a referral or recommend non-pharmacological treatments for pain than to use them to treat their patients (see Exhibit 21). The only exception is non-prescription supplements. Twenty-one percent of active physicians report using these to treat their patients, compared to 15 percent who either make a referral or recommend non-prescription supplements to their patients.

- Twenty-two percent of physicians use physical movement to treat their patients' pain, compared to 31 percent who make a referral or recommend physical movement.
- Eleven percent use meditation/relaxation techniques, compared to 25 percent who make a referral or recommend this for patients.

- Ten percent use massage/therapeutic touch, compared to 32 percent who make a referral or recommend it.
- Seven percent use spiritual approaches, compared to 15 percent who make a referral or recommend this.
- Three percent use acupuncture, compared to 23 percent who make a referral or recommend acupuncture.

EXHIBIT 21

Non-Pharmacological Treatments for Pain Used and Recommended by Active Physicians, 2009

Non-pharmacological pain treatment	Percentage of active physicians who use the treatment	Percentage of active physicians who refer for or recommend the treatment
Acupuncture	3%	23%
Massage/therapeutic touch	10	32
Meditation/relaxation techniques	11	25
Non-prescription supplements	21	15
Physical movement	22	31
Spiritual approaches	7	15
Other	6	4

SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.

NOTE: Data presented are for *active* physicians fully licensed in Michigan.

END-OF-LIFE PAIN MANAGEMENT

Physicians who are responsible for treating any end-of-life patients were asked to respond to several additional questions regarding pain management.

Of physicians who are responsible for treating any end-of-life patients, 94 percent indicated that less than 25 percent of the patients they saw in the last 12 months received end-of-life care. Two percent said that between 75 and 100 percent of the patients they saw in the last 12 months received end-of-life care.

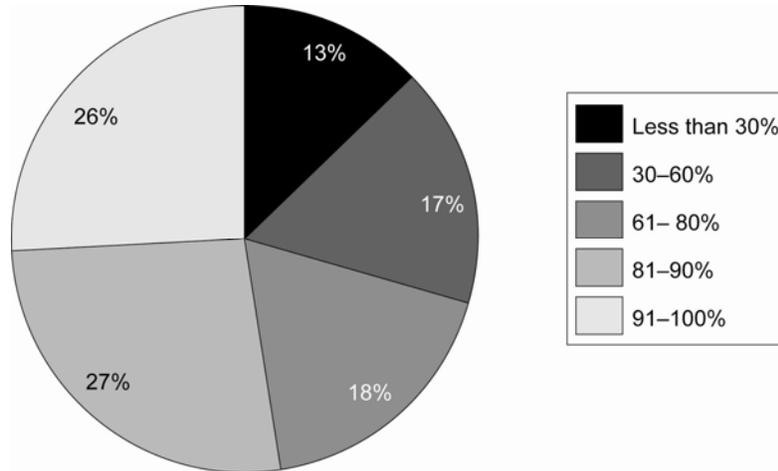
Attitudes Regarding End-of-Life Pain Management

Sixty-two percent of physicians who treat end-of-life patients either strongly agree (21 percent) or agree (41 percent) with the statement, “Many end-of-life patients are being undertreated for pain.”

More than half (53 percent) of active physicians who treat end-of-life patients believe that more than 80 percent of their end-of-life patients are receiving the best pain management that is safely available (see Exhibit 22). Thirty-five percent of these physicians believe that between 30 and 80 percent of their end-of-life patients are receiving the best pain management that is safely available.

EXHIBIT 22

Percentage of End-of-Life Patients Receiving the Best Pain Management Available according to Active Physicians, 2009



SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.

NOTE: Data presented are for *active* physicians fully licensed in Michigan who are responsible for treating end-of-life patients.

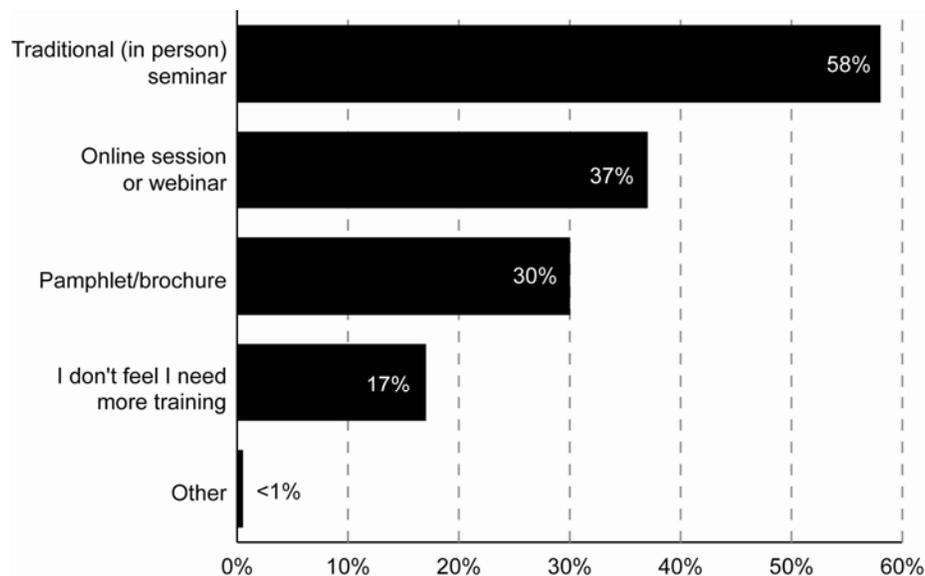
Training Preferences

Preferred formats for training in pain assessment and treatment with respect to end-of-life patients are similar to those for general pain management (see Exhibit 23).

- Fifty-eight percent of physicians who are responsible for treating end-of-life patients prefer traditional (in person) seminars.
- Thirty-seven percent prefer an online session or webinar.
- Thirty percent prefer receiving information from a pamphlet or brochure.
- Seventeen percent feel they do not need more training.

EXHIBIT 23

Preferred Formats for Training on End-of-Life Pain Management, 2009



SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.

NOTE: Data presented are for *active* physicians fully licensed in Michigan who are responsible for treating end-of-life patients.

Barriers to Addressing Pain for End-of-Life Patients

Barriers to addressing patients' end-of-life pain are similar to those noted regarding general pain management, with the exception that only 2 percent indicate as a significant barrier the fear that the patient may become addicted to pain medication (see Exhibit 24).

- Thirty-five percent of physicians who are responsible for the treatment of end-of-life patients say the greatest barrier to adequately addressing their patients' end-of-life pain is that the patient does not report, or underreports, his or her pain.
- Twenty-six percent say the greatest barrier is their own lack of knowledge or proper training on how to fully assess and treat pain.
- Twenty percent say the greatest barrier is that they have insufficient time with patients to assess pain.
- Six percent or fewer indicate the following barriers:
 - Lack of effective pain medication (6 percent)
 - Hospice and palliative care services are not readily available to my patients (5 percent)
 - Fear of losing my license for improper prescribing of controlled substances (5 percent)

EXHIBIT 24
Greatest Barriers to Addressing Patients' End-of-Life Pain, 2009

Barrier	Percentage of physicians indicating this is the greatest barrier to adequately addressing patients' end-of-life pain
Patient does not report, or underreports, his/her pain.	35%
My lack of knowledge or proper training on how to fully assess and treat pain.	26
Insufficient time with patients to assess pain.	20
Lack of effective pain medication.	6
Hospice and palliative care services are not readily available to my patients.	5
Fear of losing my license for improper prescribing of controlled substances.	5
My fear that the patient may become addicted to pain medication.	2

SOURCE: Michigan Department of Community Health Survey of Physicians, 2009.

NOTE: Data presented are for *active* physicians fully licensed in Michigan who are responsible for treating end-of-life patients.

Appendix:

Survey Questions and Response Frequencies^{†,‡}

1. Please enter your 10-digit permanent ID number beginning with the numbers 43 or 51. (This number is located directly above your name on the renewal application form.) _____

2. Are you an MD or DO?

	2006	2007	2008	2009
MD	90.2%	83.4%	83.0%	83.6%
DO	9.8	16.6	17.0	16.4

3. What is your current status? (Mark one.)

	2006	2007	2008	2009
Providing patient care services in Michigan	65.8%	62.2%	65.5%	61.9%
Working as a physician in Michigan but no time in patient care	3.3	2.9	3.3	3.9
Working as a physician, but not in Michigan	26.8	28.5	25.0	26.8
Not working as a physician	4.1	6.5	6.2	7.4

4. Are you enrolled in a Michigan graduate medical training program (i.e., internship or residency)?

	2006	2007	2008	2009
Yes	8.2%	6.0%	5.0%	4.1%
No	91.8	94.0	95.0	95.9

5. What is your gender?

	2006	2007	2008	2009
Female	24.5%	25.8%	27.6%	27.5%
Male	75.5	74.2	72.4	72.5

[†] Unless otherwise noted, data presented are only for fully licensed physicians who are providing patient care services in Michigan.

[‡] Frequencies from the 2005 survey are not included here because changes made to the survey after 2005 do not allow comparison of responses to the 2005 survey.

6. In what year were you born?

Age	2006*	2007	2008	2009
25–34	---	8.0%	6.4%	5.4%
35–44	---	20.9	18.2	17.9
45–54	---	30.2	28.0	23.7
55–64	---	24.7	28.3	29.0
65+	---	16.1	19.2	22.1

*In 2006, the survey data was weighted by age of physicians in the universe (i.e., all licensed physicians); therefore age ranges are not calculated from the survey data for 2006.

7. What is your race/ethnicity?

	2006	2007	2008	2009
American Indian/Alaskan Native	0.5%	0.2%	0.5%	0.3%
Asian or Pacific Islander	20.4	17.4	17.3	16.4
Black, Non-Hispanic	6.7	4.1	4.4	4.2
Hispanic	2.3	2.3	2.6	2.8
Multiracial	1.0	0.4	0.6	0.6
White, Non-Hispanic	63.2	71.6	70.3	71.9
Other/Unknown	6.0	4.1	4.3	3.7

8. Please indicate your citizenship status:

	2006	2007	2008	2009
Native-born U.S.	63.9%	68.8%	69.4%	70.0%
Naturalized U.S.	25.1	24.3	24.7	24.9
Permanent Resident	7.4	5.3	4.5	3.9
H-1 Temporary Worker	3.1	1.0	1.1	0.9
J-1 Exchange Visitor	0.6	0.5	0.4	0.1

9. Please indicate the street address and ZIP Code for your *main* practice site and, if applicable, a ZIP Code for an additional practice (no PO Box). _____

10. Is your main practice site an outpatient or inpatient site?

	Percentage of physicians who provide patient care			
	2006	2007	2008	2009
Outpatient	71.4%	78.2%	79.3%	80.0%
Inpatient	28.6	21.8	20.7	20.0

11. Indicate which best describes your main practice arrangement: (Mark one.)

	2009*
Single physician practice	29.7%
Single physician practice that shares expenses with other physician practices	4.9
Group practice (2-5 FTE physicians)	29.4
Group practice (6 or more FTE physicians)	35.9

*This question was asked for the first time in 2009.

12. Are you a salaried employee? (Mark all that apply.)

	2009*
Not a salaried employee	33.4%
Salaried employee with:	
a practice I own or co-own	24.7
a professional corporation or practice that I do not own	16.1
a managed care organization	0.8
a hospital	17.0
a university or teaching institution	10.1
another type of organization	5.7

*This question was asked for the first time in 2009.

13. How many hours per week do you spend providing direct patient care?

	Percentage of physicians who provide patient care			
	2006	2007	2008	2009
Mean	40.0	41.6	39.9	39.4
25 th Percentile	30.0	30.0	30.0	30.0
Median	40.0	40.0	40.0	40.0
75 th Percentile	50.0	50.0	50.0	50.0

14. Do you have hospital admitting privileges?

	Percentage of physicians who provide patient care			
	2006	2007	2008	2009
Yes	72.0%	75.0%	74.3%	72.1%
No	28.0	25.0	25.7	27.9

15. Are you involved in any of the following professional activities? (Mark all that apply.)

	2006	2007	2008	2009*
Research	31.5%	20.5%	19.2%	16.6%
Teaching	54.0	52.2	47.7	
Teaching (classroom)				17.5
Teaching (clinical setting)				49.1
Administration in a private practice	19.7	24.3	23.4	20.3
Administration in medical school, hospital, health plan, or nursing home	19.7	15.6	13.8	14.8
Emergency room care	17.5	14.6	13.8	11.5
Medical examiner	2.2	2.1	1.8	1.8
Patient care in a nursing home	6.6	8.2	7.9	7.4

*Response options for this question were modified in 2009 to provide a better picture of what physicians were reporting as "teaching." Prior to 2009, physicians were asked only to mark whether they were involved in "teaching." In 2009, the response options were modified to separate classroom teaching from teaching that is done in a clinical setting.

16. Which best describes your patient care practice capacity?

	Percentage of physicians who provide patient care			
	2006	2007	2008	2009
My practice is full; I cannot accept any new/additional patients.	15.5%	10.8%	11.5%	11.7%
My practice is nearly full; I can accept a few new patients.	46.7	49.6	50.4	48.7
My practice is far from full; I can accept many more patients.	37.8	39.7	38.0	39.6

17. Are you currently providing care to...

	Percentage of physicians who provide patient care			
	2006	2007	2008	2009
Medicaid patients	89.0%	86.7%	84.6%	84.9%
New Medicaid patients	79.6	73.2	70.5	73.1
Medicare patients	89.4	90.8	90.4	89.7
New Medicare patients	86.0	86.0	85.5	83.9
Patients from other publicly funded programs	77.1	72.5	71.3	73.3

18. In your medical practice, does someone use a computer or computer-like device (e.g. PDA) to receive or transmit... (Mark all that apply.)

	2006	2007	2008	2009
Lab results, x-rays, or hospital records	64.4%	64.3%	66.0%	67.7%
Prescriptions	25.3	24.3	28.1	36.3
Claims information	46.3	55.2	56.7	55.6
Electronic health records	43.5	36.4	37.6	40.8
Communication with your patients	21.3	15.9	17.3	20.1
Information about treatment alternatives	28.4	25.2	25.1	27.6
Continuing medical education (CME) credits	49.8	47.3	50.9	54.3

19. Mark the practice specialty/specialties in which you spend most of your professional time. Mark ONE primary, and, if applicable, ONE secondary specialty.

Primary Specialties	2006	2007	2008	2009
Addiction Medicine	Not asked	Not asked	Not asked	0.2%
Allergy & immunology	1.0%	1.0%	0.9%	0.7
Anesthesiology	3.6	2.8	3.0	3.2
Cardiovascular disease	2.9	2.7	2.1	1.6
Critical care medicine	0.4	0.6	0.4	0.6
Dermatology	1.3	1.4	1.9	1.4
Emergency medicine	7.5	5.4	4.8	5.2
Endocrinology	0.9	0.7	0.9	0.6
Family practice	10.8	15.7	14.3	15.8
Gastroenterology	1.3	0.8	1.2	1.0
General medicine	3.0	2.5	2.7	3.5
Geriatrics	0.9	0.5	0.9	0.7
Hospice & palliative medicine	Not asked	Not asked	Not asked	0.5
Hospitalist	1.5	0.8	1.0	1.2
Infectious disease	0.5	0.5	0.6	0.9
Internal medicine (general)	8.8	11.3	11.4	9.3
Nephrology	1.5	0.6	0.9	1.6
Neurology	2.3	1.8	1.7	2.5
Neurological surgery	0.7	0.5	0.6	0.4
Obstetrics & gynecology (general)	3.2	4.1	3.2	4.0
Obstetrics & gynecology subspecialty	0.7	0.8	0.7	0.3
Gynecology (only)	0.4	0.5	0.8	1.1
Occupational medicine	1.8	1.4	1.1	1.1
Oncology/hematology	2.2	1.5	1.5	1.9
Ophthalmology	2.0	2.0	2.8	2.7
Orthopedic surgery	2.4	2.8	2.8	2.9
Otolaryngology	0.8	1.2	1.0	1.2
Osteopathic manipulative medicine	0.0	0.2	0.3	0.4
Pain medicine	Not asked	Not asked	Not asked	0.5
Pathology (general)	2.6	2.5	2.7	3.0

Primary Specialties	2006	2007	2008	2009
Pediatrics (general)	5.1%	5.7%	6.2%	5.4%
Pediatrics subspecialty	3.1	1.8	1.6	1.7
Medical pediatrics	0.2	0.1	0.2	0.2
Physical medicine & rehabilitation	1.3	1.6	1.2	1.3
Plastic surgery	0.5	1.2	0.8	0.4
Preventive medicine	0.5	0.2	0.5	0.4
Psychiatry (adult)	5.2	5.7	5.9	6.4
Psychiatry (child & adolescent)	0.9	1.0	1.5	1.0
Pulmonary disease	1.3	0.8	0.8	0.6
Radiology (diagnostic)	4.8	4.4	4.7	4.1
Radiology (therapeutic)	1.0	1.0	0.6	0.7
Rheumatology	0.3	0.7	0.5	0.6
Sports medicine	0.0	0.1	0.1	0.1
Surgery (general)	3.0	4.0	3.6	3.3
Thoracic surgery	0.8	0.3	0.4	0.3
Urology	1.9	1.3	1.3	0.7
Vascular surgery	0.6	0.4	0.3	0.5
Other	4.2	3.4	3.4	2.6

Secondary Specialties	2006	2007	2008	2009
Addiction Medicine	Not asked	Not asked	Not asked	4.3%
Allergy & immunology	0.7%	1.1%	1.1%	1.0
Anesthesiology	0.9	0.5	0.7	1.0
Cardiovascular disease	2.7	2.7	1.6	1.6
Critical care medicine	3.9	3.4	2.9	1.6
Dermatology	0.2	1.1	0.4	0.6
Emergency medicine	4.0	2.7	2.5	1.3
Endocrinology	1.1	0.8	1.6	1.3
Family practice	4.5	4.7	4.6	4.9
Gastroenterology	1.2	1.2	0.8	1.0
General medicine	6.8	4.6	3.1	4.6
Geriatrics	4.3	9.0	5.6	7.6
Hospice & palliative medicine	Not asked	Not asked	Not asked	1.0
Hospitalist	3.1	2.7	3.1	2.5
Infectious disease	1.4	0.8	0.6	1.1
Internal medicine (general)	15.6	14.9	13.7	13.2
Nephrology	0.4	0.8	0.7	0.3
Neurology	2.2	0.7	0.7	0.8
Neurological surgery	0.1	0.2	0.2	0.3
Obstetrics & gynecology (general)	2.0	2.1	1.3	1.4
Obstetrics & gynecology subspecialty	1.5	0.7	0.3	1.3
Gynecology (only)	0.4	1.2	0.8	1.0
Occupational medicine	0.8	1.7	1.1	1.7
Oncology/hematology	1.2	1.2	1.0	1.1
Ophthalmology	0.1	0.2	0.3	0.3
Orthopedic surgery	0.3	0.3	0.1	0.2
Otolaryngology	0.0	0.4	0.1	0.2
Osteopathic manipulative medicine	1.1	2.6	2.9	3.0

Secondary Specialties	2006	2007	2008	2009
Pain medicine	Not asked	Not asked	Not asked	4.3%
Pathology (general)	0.7%	0.5%	0.6%	0.6
Pediatrics (general)	5.5	4.9	3.7	2.5
Pediatrics subspecialty	3.9	2.7	2.2	2.9
Medical pediatrics	0.8	0.4	0.2	0.5
Physical medicine & rehabilitation	0.4	0.6	0.3	0.3
Plastic surgery	0.4	1.2	0.7	0.8
Preventive medicine	1.1	1.6	14.1	1.4
Psychiatry (adult)	2.8	3.3	3.6	4.3
Psychiatry (child & adolescent)	3.1	3.6	3.9	3.8
Pulmonary disease	1.7	1.3	1.2	0.6
Radiology (diagnostic)	1.1	0.8	0.4	0.5
Radiology (therapeutic)	1.1	1.0	1.6	0.6
Rheumatology	0.7	0.1	0.4	0.5
Sports medicine	1.8	2.1	1.8	3.7
Surgery (general)	2.4	1.8	1.7	1.7
Thoracic surgery	0.8	0.3	0.6	0.6
Urology	0.7	0.3	0.6	0.0
Vascular surgery	0.6	1.4	1.6	1.6
Other	9.7	10.3	9.6	8.7

Identify specialties for which you or your patients have the greatest difficulty scheduling/obtaining/arranging a timely appointment when making referrals. (Mark up to 3 specialties.)

Referral Difficulties	2006	2007	2008	2009
Addiction Medicine	Not asked	Not asked	Not asked	5.4%
Allergy & immunology	1.8%	1.2%	1.3%	1.1
Anesthesiology	0.5	0.3	0.3	0.1
Cardiovascular disease	1.5	0.8	0.9	0.7
Critical care medicine	0.4	0.2	0.4	0.7
Dermatology	7.0	7.0	6.4	6.6
Emergency medicine	0.2	0.2	0.1	0.2
Endocrinology	4.3	5.5	6.2	5.9
Family practice	0.3	0.5	1.1	0.9
Gastroenterology	2.7	2.5	2.2	2.4
General medicine	0.6	0.3	0.9	0.6
Geriatrics	0.7	0.4	0.8	0.7
Hospice & palliative medicine	Not asked	Not asked	Not asked	0.4
Hospitalist	0.3	0.2	0.3	0.3
Infectious disease	1.5	1.7	1.8	1.9
Internal medicine (general)	0.9	1.0	1.6	1.3
Nephrology	1.5	1.2	1.4	1.3
Neurology	5.2	4.8	5.2	4.7
Neurological surgery	3.3	2.7	3.7	3.8
Obstetrics & gynecology (general)	1.0	0.6	0.7	0.7
Obstetrics & gynecology subspecialty	0.6	0.5	0.7	0.5
Gynecology (only)	0.5	0.2	0.4	0.5
Occupational medicine	0.3	0.2	0.4	0.7
Oncology/hematology	0.5	0.3	0.6	0.8

Referral Difficulties	2006	2007	2008	2009
Ophthalmology	1.2%	1.0%	0.7%	0.5%
Orthopedic surgery	5.3	5.0	4.5	4.0
Otolaryngology	1.6	1.5	1.7	1.5
Osteopathic manipulative medicine	0.5	0.5	0.7	0.7
Pain medicine	Not asked	Not asked	Not asked	5.3
Pathology (general)	0.2	0.1	0.1	0.1
Pediatrics (general)	0.2	0.5	0.3	0.1
Pediatrics subspecialty	1.5	2.1	2.7	2.0
Medical pediatrics	0.1	0.2	0.1	0.1
Physical medicine & rehabilitation	1.2	0.6	0.8	0.7
Plastic surgery	2.2	1.6	1.6	1.7
Preventive medicine	0.1	0.2	6.4	0.4
Psychiatry (adult)	4.7	6.2	7.7	9.5
Psychiatry (child & adolescent)	4.4	4.9	6.4	8.1
Pulmonary disease	1.0	0.7	0.9	1.6
Radiology (diagnostic)	0.9	0.6	0.4	0.3
Radiology (therapeutic)	0.4	0.4	0.2	0.3
Rheumatology	3.8	1.7	5.7	5.9
Sports medicine	0.7	0.3	0.2	0.5
Surgery (general)	0.6	0.5	0.6	0.2
Thoracic surgery	0.7	0.4	0.3	0.2
Urology	1.7	1.5	1.5	1.7
Vascular surgery	0.9	0.7	0.8	0.9
Other	1.4	0.8	1.2	0.7

20. How would you describe the area where you grew up? (Please mark an answer in both sections A & B.)

	2006	2007	2008	2009
Section A				
Rural/small town	24.0%	25.3%	25.3%	27.8%
Suburban	43.3	42.2	41.0	40.6
Urban	32.7	32.5	33.7	31.6
Section B				
Michigan	40.7%	48.1%	49.3%	49.3%
Other U.S. state	30.1	26.8	25.7	25.5
Other country	29.3	25.1	25.0	25.3

21. A. Please indicate where you attended medical school. If in Michigan, please specify the school.

	2006	2007	2008	2009
Michigan	34.3%	38.5%	39.0%	40.1%
Other U.S. state	32.5	33.0	32.7	31.5
Canada	1.8	0.9	0.8	1.1
Caribbean	2.2	2.2	1.8	2.7
Other country	29.2	25.3	25.6	24.6

B. If in Michigan, please specify the school.

	2006	2007	2008	2009
Michigan State University College of Human Medicine	12.3%	12.7%	13.3%	12.5%
Michigan State University College of Osteopathic Medicine	11.1	18.5	17.8	18.2
University of Michigan Medical School	33.3	25.9	25.5	28.9
Wayne State University School of Medicine	43.3	42.9	43.5	40.4

22. If you did a residency or fellowship, was it an... (Mark all that apply.)

	2006	2007	2008	2009
In-state residency	55.6%	61.8%	61.6%	61.3%
In-state fellowship	15.8	14.6	15.6	13.9
Out-of-state residency	35.1	32.0	33.6	33.8
Out-of-state fellowship	18.1	14.5	13.9	16.0

23. To assist us in projecting the supply of physicians in the future, please tell us how much longer you plan to practice medicine.

	2006	2007	2008	2009
1–5 years	14.7%	18.8%	22.5%	24.2%
6–10 years	18.8	22.1	23.6	22.7
11–15 years	18.4	19.5	18.7	18.1
16–20 years	19.0	16.2	15.5	14.4
21–30 years	18.6	16.1	14.1	15.4
More than 30 years	10.5	7.4	5.6	5.1

24. In the next 3 years, I plan to... (Mark all that apply.)

	2006	2007	2008	2009
Maintain my practice as is	61.6%	68.5%	69.4%	70.0%
Increase patient care hours	14.8	12.3	10.4	11.2
Significantly reduce patient care hours	6.8	7.7	8.2	6.9
Move my practice to another Michigan location	3.5	3.0	2.4	2.2
Move my practice out of state	4.6	4.4	4.6	4.1
Retire	4.2	5.8	7.6	7.9

25. If you are retiring or reducing your patient care hours, what are the factors that led to this decision? (Mark all that apply.)

	2006	2007	2008	2009
Age	62.9%	67.4%	70.0%	75.7%
General lack of job satisfaction	19.2	19.6	18.9	18.8
Childbearing/childrearing	4.1	3.0	3.3	2.3
Lifestyle changes	24.8	24.0	28.0	20.7
Medical malpractice insurance cost	23.3	25.1	26.2	16.1
Personal or family health concerns	16.3	16.2	15.3	14.1
Increasing administrative/regulatory burden	30.4	36.1	41.1	34.5
Employer/employee conflict	1.5	3.4	4.7	2.6
Inadequate reimbursement for services	28.1	33.8	38.7	27.0
Move to management/consulting/teaching/research	11.5	10.7	8.2	5.9
Other	4.5	1.6	0.4	0.7

PAIN MANAGEMENT

The MDCH collected information from physicians about pain management for the first time in 2009. All responses are for physicians who are active, i.e., providing patient care services in Michigan or working as a physician in Michigan but with no time in patient care.

26. To what extent do you agree with the following statement? “Almost all chronic pain can be relieved with treatment.”

	2009
Strongly agree	21.5%
Somewhat agree	51.9
Somewhat disagree	20.2
Strongly disagree	6.4

27. To what extent do you agree with the following statement? “The majority of patients having chronic pain are undermedicated.”

	2009
Strongly agree	13.7%
Somewhat agree	47.8
Somewhat disagree	32.0
Strongly disagree	6.5

28. What percentage of *chronic* pain can be safely and effectively alleviated by today’s treatments?

	2009
Less than 30%	6.7%
30 – 60%	29.5
61 – 80%	32.8
81 – 90%	23.9
91 – 100%	7.2

29. What percentage of *acute* pain can be safely and effectively alleviated by today’s treatments?

	2009
Less than 30%	1.1%
30 – 60%	6.2
61 – 80%	14.3
81 – 90%	39.0
91 – 100%	39.4

30. How much training have you had in managing pain?

	2009
I have had all the training I need to fully manage pain.	10.7%
I have had some training.	51.7
I have had little training.	25.7
I have had no training.	11.9

31. Which of these formats would you prefer for training in pain assessment and treatment? (Mark all that apply.)

	2009
Pamphlet/brochure	28.9%
Online session or webinar	37.4
Traditional (in person) seminar	54.3
I don’t feel I need more training	15.4
Other	0.1

32. Are you aware of the Michigan Automated Prescription System (MAPS), which is available to physicians to track when and where controlled substances have been dispensed to your patients?

	2009
Yes	67.5%
No	32.5

33. Have you ever used MAPS?

	2009
Yes	38.7%
No	61.3

34. How often does the fear of losing your medical license affect your decision to prescribe opiates?

	2009
Never	45.6%
Rarely	26.8
Some of the time	18.6
Frequently	5.6
Always	3.4

35. What is the greatest barrier to adequately addressing your patients' pain? (Mark one.)

	2009
My lack of knowledge or proper training on how to fully assess and treat pain.	17.3%
Insufficient time with patients to assess pain.	15.3
Patient does not report, or underreports, his/her pain.	23.1
Lack of effective pain medication.	6.1
My fear that the patient may become addicted to pain medication.	31.7%
Fear of losing my license for improper prescribing of controlled substances.	4.9
Hospice and palliative care services are not readily available to my patients.	1.7

36. Which of the following non-pharmacological treatments for pain do you use to treat your patients' pain?

Treatment Modality	I use	I refer/recommend
Acupuncture	3.2%	22.7%
Massage/therapeutic touch	10.3%	31.7%
Meditation/relaxation techniques	11.4%	25.1%
Spiritual approaches	6.8%	14.6%
Physical movement	22.4%	31.0%
Non-prescription supplements	21.0%	15.4%
Other	6.3%	4.0%

37. What have been your best sources of information on pain management? (Mark two.)

	2009
CME courses	52.2%
Discussion with peers	30.7
MDCH Bureau of Health Professions	0.7
Medical school	9.9
Professional associations	10.4
Professional journals/research literature/websites	36.1
Residency program	15.3
Other	0.3

38. Are you formally certified in pain management by any of the following organizations? (Mark all that apply.)

	2009
I am not formally certified in pain management	96.9%
American Academy of Pain Management	0.7
American Board of Anesthesiology	1.0
American Osteopathic Board of Anesthesiology	0.2
American Board of Hospice and Palliative Medicine	0.5
American Board of Interventional Pain Physicians	0.1
American Board of Neurological Surgery	0.1
American Board of Pain Medicine	0.2
American Board of Physical Medicine and Rehabilitation	0.6
American Board of Psychiatry and Neurology	0.8

39. What percentage of the patients you saw in the last 12 months received end-of-life care?

	2009
1–24%	93.7%
25–49%	3.4
50–74%	0.9
75–100%	2.0

40. What percentage of your end-of-life patients do you believe are receiving the best pain management that is safely available?

	2009
Less than 30%	12.5%
30–60%	16.9
61–80%	17.7
81–90%	26.7
91–100%	26.2

41. To what extent do you agree with the following statement? “Many end-of-life patients are being undertreated for pain.”

	2009
Strongly agree	21.1%
Agree	40.6
Disagree	30.9
Strongly disagree	7.3

42. Which of these formats would you prefer for training in pain assessment and treatment with respect to end-of-life patients? (Mark all that apply.)

	2009
Pamphlet/brochure	29.8%
Online session or webinar	36.7
Traditional (in person) seminar	58.4
I don't feel I need more training	16.9
Other	0.2

43. What is the greatest barrier to adequately addressing your patients' end-of-life pain? (Mark one.)

	2009
My lack of knowledge or proper training on how to fully assess and treat pain.	26.3%
Insufficient time with patients to assess pain.	19.8
Lack of effective pain medication.	6.3
Patient does not report, or underreports, his/her pain.	35.4
My fear that the patient may become addicted to pain medication.	1.8
Fear of losing my license for improper prescribing of controlled substances.	4.9
Hospice and palliative care services are not readily available to my patients.	5.4