Michigan Department of Community Health
Survey of Physicians
Survey Findings 2012

INTRODUCTION

As of January 2012, the total number of physicians licensed in Michigan was 44,717. Of these, 32,489 are fully licensed doctors of allopathic medicine (MD) and 6,954 are fully licensed doctors of osteopathic medicine (DO). The remaining 5,274 consist of 3,955 MDs and 1,232 DOs with an educational limited license while they are enrolled in a graduate medical training program; 57 clinical academic MDs; 29 special volunteer MDs and 1 special volunteer DO. [1]

In 2012, in conjunction with the license renewal process, the Michigan Department of Community Health (MDCH) conducted the eighth 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. The survey also includes questions about pain management and practice arrangements, which were introduced in the 2009 survey.

Physicians are required to renew their license every three years, thus dividing the universe of physicians into three cohorts of roughly equal size. Physicians who were eligible for renewal received a copy of the survey instrument with their license renewal notice. The survey was also available to physicians online as they completed their license renewal. A total of 12,306 physicians renewed their license and 1,981 survey responses were received online or by mail (compared to 1,596 in 2011), for a response rate of 16 percent and a margin of error of ± 2.5 percent with 95 percent confidence.[2] Eighty-three percent of the physicians who responded to the survey are MDs and almost 17 percent are DOs, which is similar to the distribution of MDs and DOs within the licensed physician population.

The returned surveys (paper and Web surveys) include some partially completed surveys (that is, those with information missing for one or more questions); for this reason, sample size and margin of error for individual questions will differ.

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 2012 survey of physicians are consistent with results of previous surveys; differences in the data that fall outside the margin of error are noted. Such differences should be interpreted with caution, however; they may be due to changes over time or simple variation in the group of physicians renewing their licenses in 2012 compared to those renewing in previous years.

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[1] The "special volunteer" license allows a physician who has retired from practice to provide unpaid or volunteer health care services.

[2] For example, assume that 60 percent of respondents answered "yes" to a survey question. The ± 2.5 percent margin of error and 95 percent confidence level mean that if this question were asked 100 times among all physicians who renewed their license in 2012, in 95 occurrences the percentage of respondents who answer "yes" would be between 57.5 percent and 62.5 percent.

EMPLOYMENT CHARACTERISTICS

- As shown in Exhibit 1, about 71 percent of fully licensed physicians responding to this survey are *active* in Michigan—that is, they are providing patient care *in Michigan* (68 percent) or working as a physician in Michigan with no time in patient care (3 percent).[3] In 2012, the percentage of physicians reporting that they are providing patient care in Michigan is the highest percentage reported by physicians who renewed their license since 2009; while the percentage of physicians in Michigan working as a physician with no time in patient care has remained stable.
- Twenty-nine 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, 2012

Status	Percentage
Active in Michigan	**71%**
Providing patient care services in Michigan	68
Working as a physician in Michigan but no time in patient care	3
Not Active in Michigan	**29**
Working as a physician, but not in Michigan	22
Not working as a physician	7

SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.

Physicians were asked to indicate their main practice arrangement and whether they are a salaried employee.

- A large majority (72 percent) of active physicians practice in a group practice.
  - 42 percent work in a practice with six or more full-time equivalent (FTE) physicians
  - 30 percent work in a practice with two to five FTE physicians.
- More than one-quarter (28 percent) of active physicians work in a solo practice, including 3 percent who work in a solo practice that shares expenses with other physician practices.
- About one-third of active physicians (30 percent) are not salaried employees.
- Twenty percent of active physicians are salaried employees with a hospital.
- Fewer than two in ten physicians (18 percent) are salaried employees with a practice that they own or co-own, compared to 25 percent of physicians *within the same license renewal cohort* responding to the survey in 2009.
- Another 16 percent are salaried employees with a practice or professional corporation owned by someone else.

[3] This definition of the term "active" is used throughout the report.

EXHIBIT 2
Employment Characteristics of Active Physicians, 2012

Employment type	Percentage
Not a salaried employee	30%
Salaried employee with:	
a. a practice I own or co-own	18
b. a professional corporation or practice that I do not own	16
c. a managed care organization	1
d. a hospital	20
e. a university or teaching institution	11
f. another type of organization	4

SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.
NOTE: Physicians were asked to "mark all that apply."

PRACTICE SPECIALTY

About one-third of active physicians surveyed in 2012 (35 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).

EXHIBIT 3
Distribution of Active Physicians, by Specialty, 2012

	Specialty			Specialty	
	Primary	Secondary		Primary	Secondary
Addiction medicine	<1%	1%	Ophthalmology	2%	<1%
Allergy & Immunology	1	<1	Orthopedic Surgery	2	<1
Anesthesiology	3	<1	Otolaryngology	1	0
Cardiovascular Disease	2	1	Osteopathic Manipulative Medicine	<1	1
Critical Care Medicine	1	1	Pain medicine	1	2
Dermatology	2	<1	Pathology (General)	2	<1
Emergency Medicine	6	1	Pediatrics (General)	6	1
Endocrinology	1	<1	Pediatrics subspecialty	2	1
Family Practice	17	1	Medical Pediatrics	<1	<1
Gastroenterology	1	1	Physical Medicine & Rehabilitation	2	<1
General Medicine	3	1	Plastic Surgery	1	1
Geriatrics	1	3	Preventive Medicine	1	1
Hospice & palliative medicine	<1	1	Psychiatry (Adult)	6	1
Hospitalist	2	1	Psychiatry (Child & Adolescent)	1	1
Infectious Disease	1	<1	Pulmonary Disease	1	1
Internal Medicine (General)	9	5	Radiology (Diagnostic)	4	<1
Nephrology	1	<1	Radiology (Therapeutic)	1	1

	Specialty			Specialty	
	Primary	Secondary		Primary	Secondary
Neurology	2%	1%	Rheumatology	1%	<1%
Neurological Surgery	<1	<1	Sports Medicine	<1	1
Obstetrics & Gynecology (General)	4	1	Surgery (General)	2	1
Obstetrics & Gynecology subspecialty	1	<1	Thoracic Surgery	1	<1
Gynecology (Only)	1	<1	Urology	1	<1
Occupational Medicine	1	<1	Vascular Surgery	<1	<1
Oncology/Hematology	1	<1	Other	3	3

SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.
NOTE: Percentages do not equal 100 percent due to rounding.

Psychiatry for adults is the specialty for which active physicians say that they or their patients have the greatest difficulty making a referral and scheduling a timely appointment (see Exhibit 4). The percentage of physicians who reported difficulty referring an adult patient to a psychiatrist (12 percent) has more than doubled since 2006, when it was 5 percent. Slightly fewer physicians note difficulty referring patients to rheumatology specialists and psychiatrists for children and adolescents, addiction medicine and endocrinology specialists, and specialists for dermatology, neurology, and pain medicine.

EXHIBIT 4

Greatest Difficulty Scheduling Referrals, by Specialty Area, 2012

Specialty	Percentage of *active* physicians indicating difficulty scheduling a referral to the identified specialty
Psychiatry (Adult)	12%
Psychiatry (Child & Adolescent)	8
Rheumatology	8
Addiction Medicine	7
Endocrinology	7
Dermatology	6
Neurology	6
Pain Medicine	6

SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.

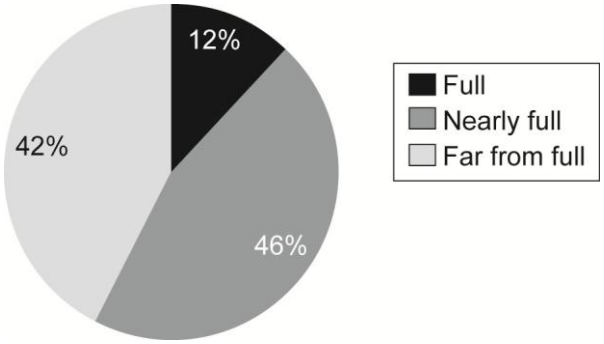
TIME SPENT PROVIDING PATIENT CARE

- The time fully licensed, active physicians spend providing patient care has remained relatively unchanged since 2006.
  - Fully licensed, active physicians who provide patient care spend an average of 38 hours per week providing such care.
  - One-fourth of these physicians spend 28 hours or fewer per week providing patient care.
  - Another one in four spend more than 50 hours per week providing patient care.

PRACTICE CAPACITY AND ACCEPTANCE OF MEDICAID

- The practice capacity of physicians who are providing patient care has not changed significantly since 2006.
  - About 12 percent of physicians who are providing patient care report that their practice is full, and they cannot accept any new patients (see Exhibit 5).
  - About half (46 percent) of active physicians report that their practice is nearly full and they can accept only a few new patients.
  - About 42 percent report that their practice is far from full and they can accept many new patients.

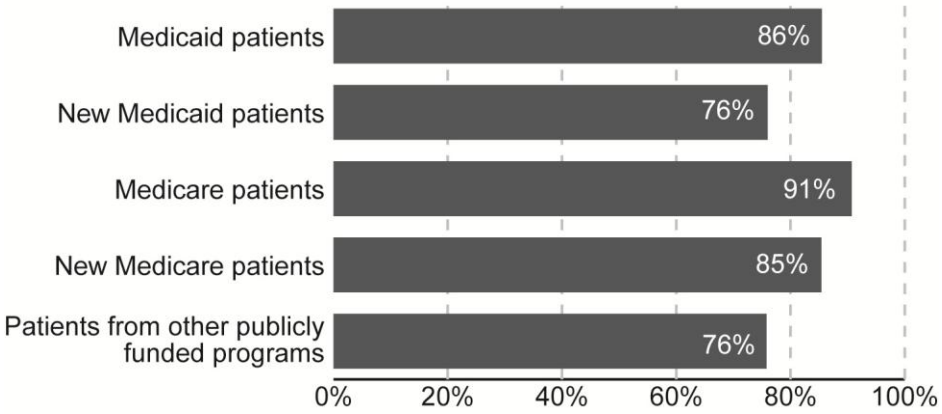
EXHIBIT 5
Practice Capacity of Active Physicians, 2012



SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.
NOTE: Data presented are for active physicians fully licensed in Michigan who are *providing patient care services*.

- About 86 percent of fully licensed physicians who are providing patient care report that they currently provide care to Medicaid patients (see Exhibit 6); 76 percent provide care to *new* Medicaid patients. In 2012, the data show the percentage of physicians providing care to *new* Medicaid patients higher than any other year since 2007.
- Nine out of ten (91 percent) physicians who are providing patient care report that they provide care to Medicare patients; 85 percent provide care to *new* Medicare patients.

EXHIBIT 6
Percentage of Active Physicians Providing Care to Patients from Publicly Funded Programs, 2012



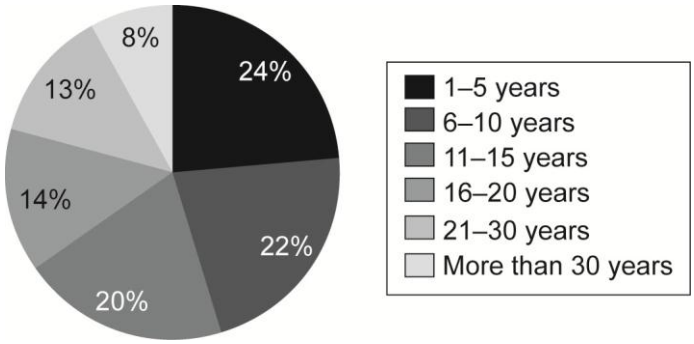
SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.
NOTE: Data presented are for active physicians fully licensed in Michigan who are *providing patient care services*.

PLANS TO CONTINUE PRACTICE

- About 46 percent of active physicians surveyed in 2012 plan to practice medicine for only one to ten more years (see Exhibit 7).
- About 21 percent of active physicians plan to continue practicing medicine for more than 20 years.
- As shown in Exhibit 8, in the next three years, 10 percent of active physicians plan to increase patient care hours, 9 percent plan to significantly reduce patient care hours, 8 percent plan to retire, and 4 percent plan to move their practice out of state.
- The percentage of physicians planning to retire in the next three years has doubled since 2006, when 4 percent of physicians reported these plans.
- For physicians who are planning to retire or reduce their patient care hours, the major factors affecting their decision are age, increasing administrative/regulatory burden, inadequate reimbursement for services, lifestyle changes, and general lack of job satisfaction (see Exhibit 9).
- By far, age is the predominant reason given by active physicians for retiring or reducing patient care hours. Among each cohort of physicians renewing their license over the past three years, 69 to 78 percent of active physicians cite age as a factor in their plans.

EXHIBIT 7

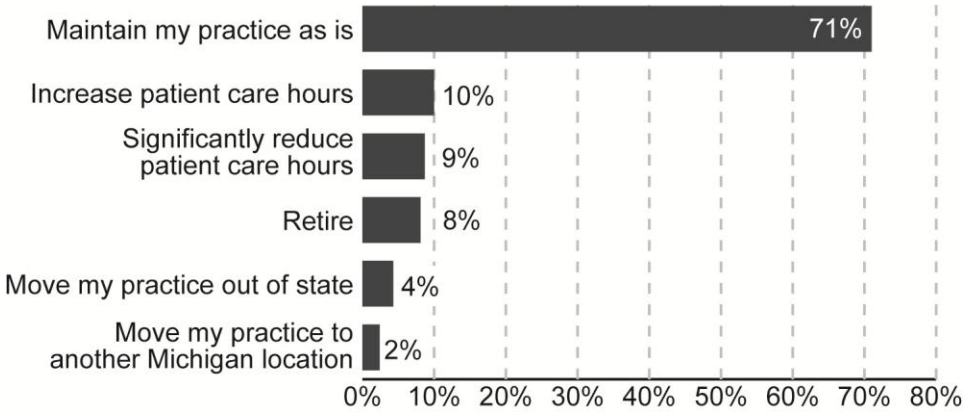
Plans to Continue Practicing, Active Physicians, 2012



SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.
NOTE: Percentages do not equal 100 percent due to rounding.

EXHIBIT 8

Practice Plans of Active Physicians for the Next Three Years, 2012



SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.
NOTE: Physicians were asked to “mark all that apply,” so percentages equal more than 100 percent.

EXHIBIT 9
Factors Contributing to Decisions to
Retire or Reduce Patient Care Hours, 2012

Factors	Percentage
Age	75%
Increasing administrative/regulatory burden	39
Inadequate reimbursement for services	28
Lifestyle changes	26
General lack of job satisfaction	20
Medical malpractice insurance cost	16
Personal or family health concerns	16
Move to management/consulting/teaching/research	8
Employer/employee conflict	5
Childbearing/childrearing	3

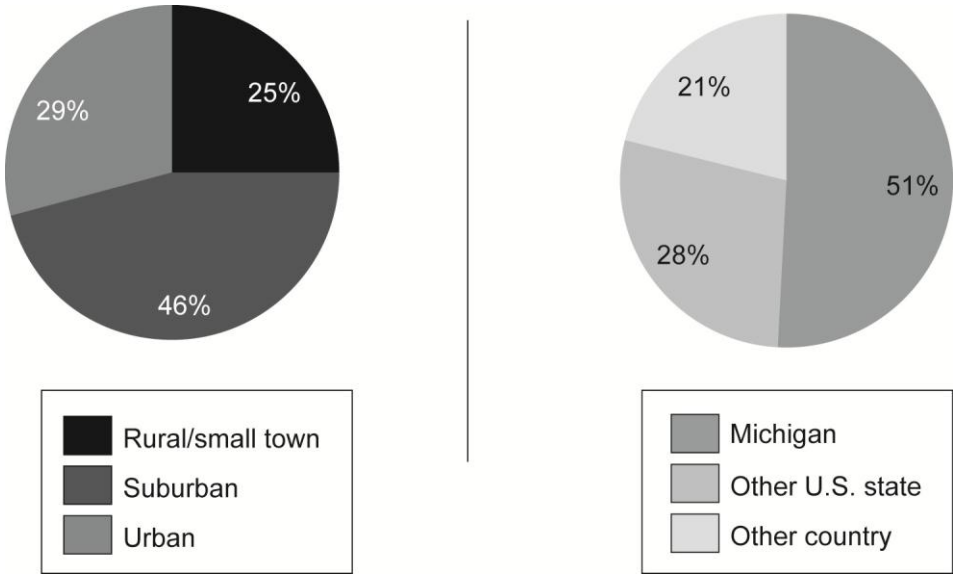
SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.
NOTE: Data presented are for *active* physicians fully licensed in Michigan who indicated they plan to retire or reduce their patient care hours in the next three years. Physicians were asked to "mark all that apply," so percentages equal more than 100 percent.

ORIGIN AND EDUCATION BACKGROUND

The 2012 survey findings on the geographic origin and education background of fully licensed, active physicians are similar to previous survey findings.

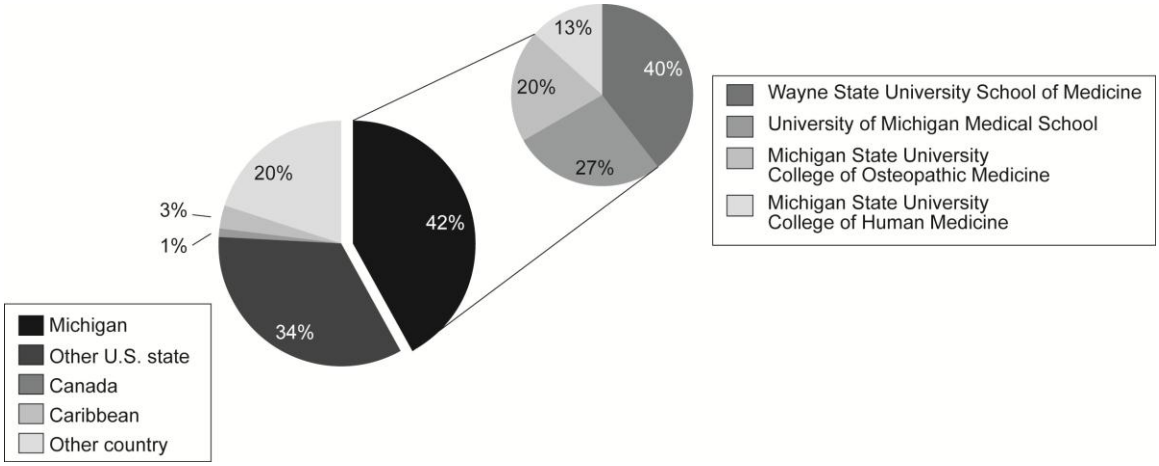
- In the 2012 survey, about 51 percent of active Michigan-licensed physicians grew up in Michigan, and 28 percent grew up in another U.S. state (see Exhibit 10).
- About 46 percent of active physicians grew up in a suburban area, 29 percent in an urban area, and 25 percent in a rural area/small town.
- Survey results show that about 42 percent of active physicians attended a medical school in Michigan, 34 percent attended a medical school in another state, and about 24 percent attended a medical school outside of the United States (see Exhibit 11).
- About 60 percent of active physicians surveyed in 2012 completed a residency in Michigan; about 15 percent did a fellowship in Michigan.
- About 5 percent of fully licensed physicians are currently enrolled in a graduate medical training program in Michigan.

EXHIBIT 10
Origin of Active Physicians, 2012



SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.

EXHIBIT 11
Location of Medical School Attended by Active Physicians, 2012



SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.

PROFESSIONAL ACTIVITIES

- The majority of physicians are involved in teaching. Seventy-four percent are involved in teaching either in a classroom (18 percent) or clinical setting (56 percent) (see Exhibit 12).
- About 19 percent of physicians say they are involved in research.
- About 19 percent of physicians are involved in administration in a private practice, and 18 percent say they are involved in administration in a medical school, hospital, health plan, or nursing home.

EXHIBIT 12
Distribution of Professional Activities, 2012

Professional activity	Percentage
Teaching (clinical setting)	56%
Administration in a private practice	19
Research	19
Teaching (classroom)	18
Administration in medical school, hospital, health plan, or nursing home	18
Emergency room care	13
Patient care in a nursing home	7
Medical examiner	1

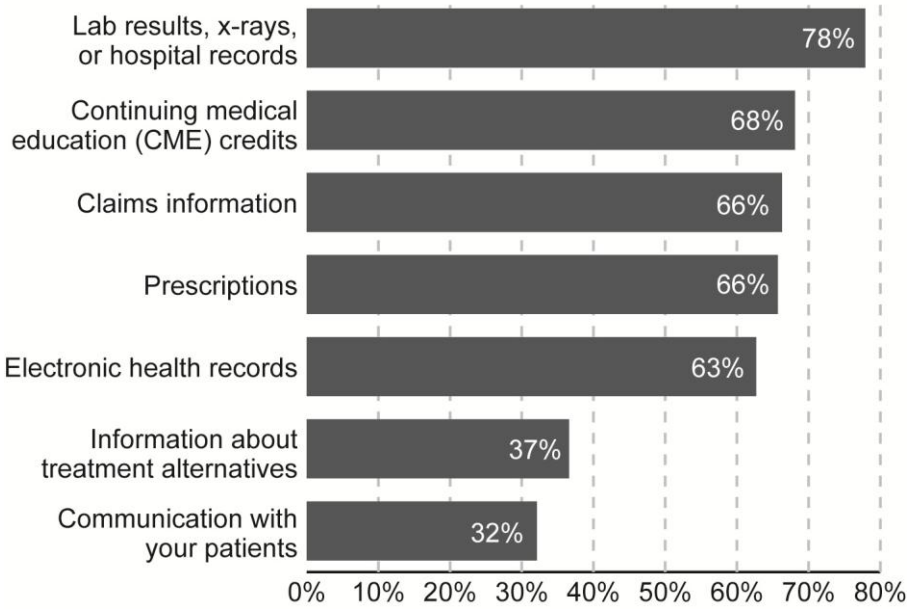
SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.
NOTE: Data presented are for *active* physicians fully licensed in Michigan. Physicians were asked to "mark all that apply," so percentages equal more than 100 percent.

USE OF COMPUTER TECHNOLOGY

The use of computer technology for receiving or transmitting information has continued to expand since the first survey of physicians. As shown in Exhibit 13, the most common use of computer technology by fully licensed, active physicians is still to receive or transmit lab results, x-rays, or hospital records (78 percent), followed by continuing medical education credits (68 percent), claims information (66 percent), prescriptions (66 percent), and electronic health records (63 percent). These are the most commonly reported uses of computer technology since the survey began in 2005.

The largest increase in the use of technology has been in the area of electronic prescribing. The percentage of physicians in this same cohort who indicate that they or someone in their office electronically prescribes medication has almost doubled since 2009. The e-prescribing incentive authorized by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) has probably contributed to this increase. 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, 2012

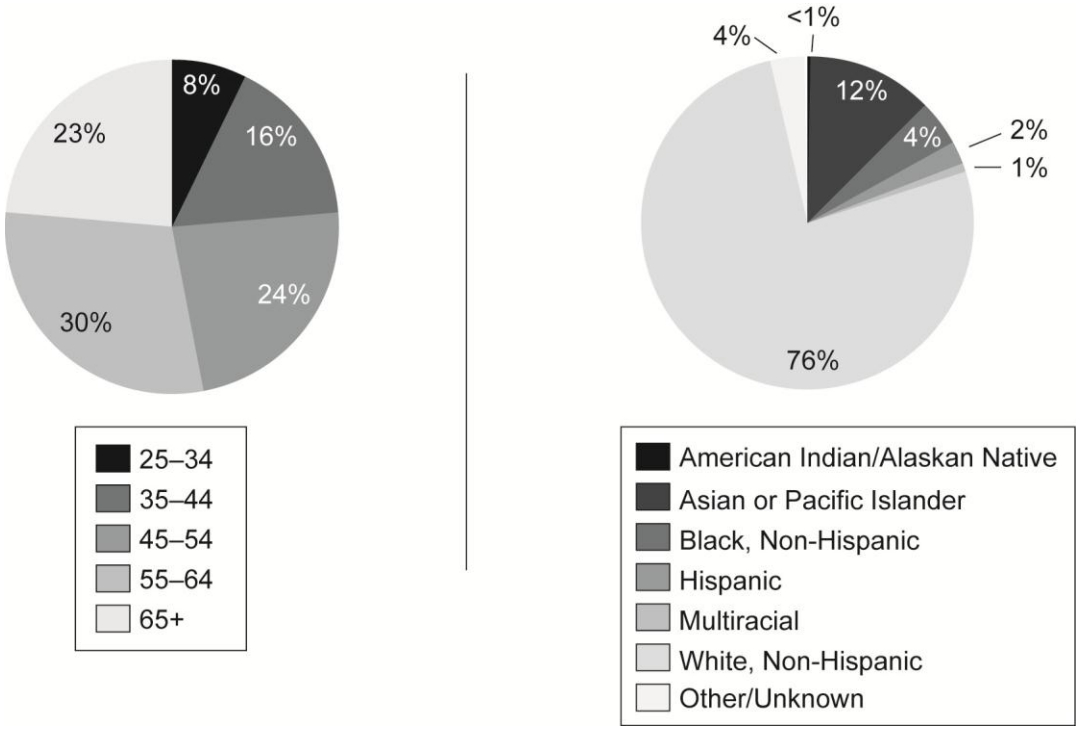


SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.
NOTE: Data presented are for *active* physicians fully licensed in Michigan. Physicians were asked to "mark all that apply," so percentages equal more than 100 percent.

GENDER, AGE, RACE, AND ETHNICITY

- Seventy-one percent of fully licensed, active physicians surveyed in 2012 are male; 29 percent are female. The percentage of active physicians who are women has remained relatively unchanged.
- About 53 percent of active physicians are aged 55 or older (see Exhibit 14).
- Almost one-fourth (23 percent) of active physicians are aged 65 and older.
- Three-quarters (76 percent) of active physicians are white, 12 percent are Asian or Pacific Islander, 4 percent are black (non-Hispanic), 2 percent are Hispanic, 1 percent are multiracial, and less than 1 percent are American Indian/Alaskan Native (see Exhibit 14).

EXHIBIT 14
Age and Race/Ethnicity of Active Physicians in Michigan, 2012



SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.
NOTE: Percentages do not equal 100 percent due to rounding.

PAIN MANAGEMENT

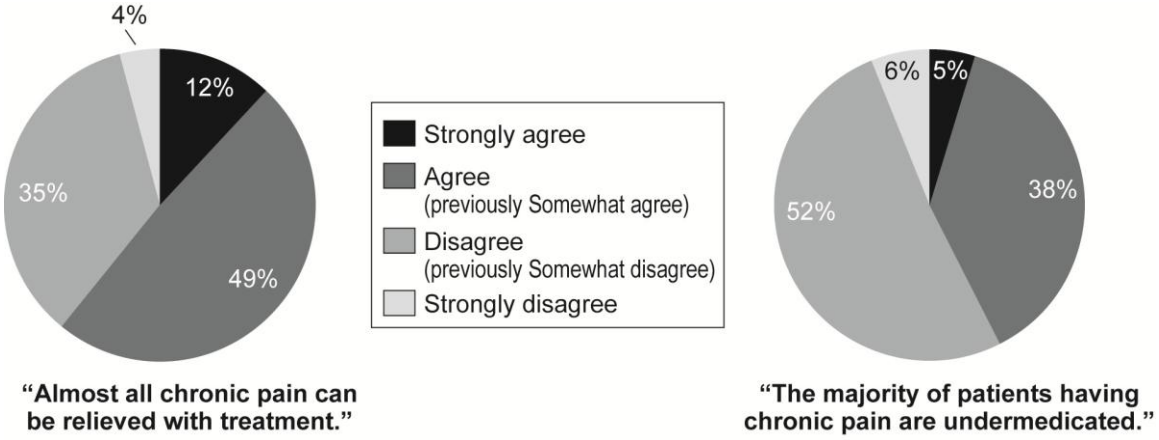
The MDCH has collected information from physicians about pain management since 2009. All responses are for active physicians.

Attitudes Regarding Pain Management

About 61 percent of active physicians either strongly agree (12 percent) or agree (49 percent) with the statement, "Almost all chronic pain can be relieved with treatment" (see Exhibit 15). These proportions are nearly the same as responses in 2010 and 2011. (Data from the 2009 survey should not be used for comparisons since response options were modified beginning in 2010.)

Approximately 43 percent either strongly agree (5 percent) or agree (38 percent) with the statement, "The majority of patients having chronic pain are undermedicated." The percentage of active physicians in 2012 agreeing that patients with chronic pain are undermedicated is slightly lower than physicians responding to the survey in 2010 and 2011.

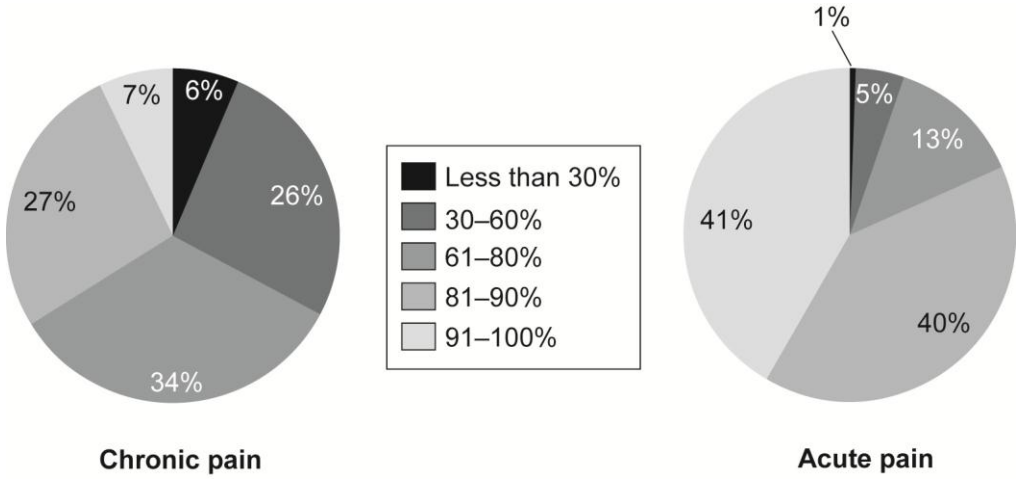
EXHIBIT 15
Physicians' Attitudes Regarding Treatment of Chronic Pain, 2012



SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.
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). About eight out of ten (81 percent) of active physicians believe that 81 to 100 percent of *acute* pain can be safely and effectively alleviated by today's treatments, while only three out of ten (34 percent) active physicians believe that 81 to 100 percent of *chronic* pain can be safely and effectively alleviated by these treatments. These responses are similar to those reported since 2009.

EXHIBIT 16
Physician Confidence in the Ability of Treatment to Safely and Effectively Alleviate Chronic and Acute Pain, 2012



SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.
NOTE: Data presented are for *active* physicians fully licensed in Michigan.

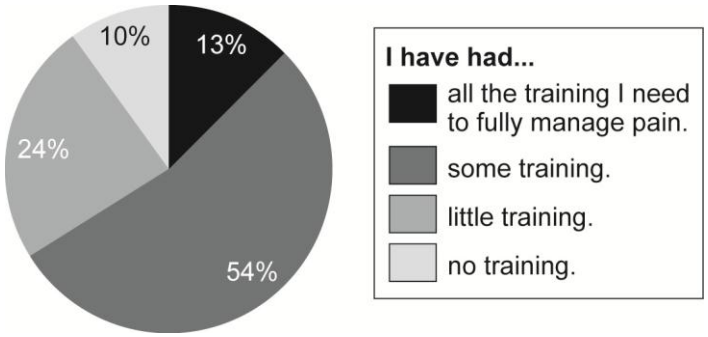
Pain Management Training

In 2012, only 3 percent of active physicians say they are formally certified in pain management. Since 2009, a majority of physicians have reported receiving a "little" or "some" training in managing pain and prefer to receive training through an in-person seminar or an online session or webinar (see Exhibits 17 and 18). In 2012:

- More than half (54 percent) say they have had some training, and 13 percent say they have had all the training they need to fully manage pain.
- About 34 percent of active physicians report having had little (24 percent) or no training (10 percent) in managing pain.
- About 44 percent active physicians report they would prefer to receive training in pain assessment and treatment in a traditional (in person) seminar, while 39 percent prefer an online session or webinar.
- About 19 percent of active physicians feel they do not need more training in pain assessment and treatment.

EXHIBIT 17

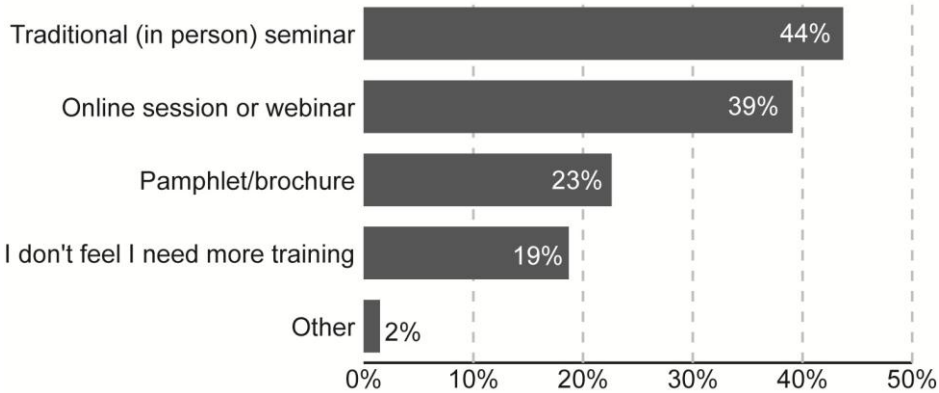
Pain Management Training Received by Active Physicians, 2012



SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.
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, 2012



SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.
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 about the best sources of information on pain management, the sources identified most often by physicians responding to the survey in 2012 were continuing medical education, followed by discussion with peers and professional publications (see Exhibit 19).

EXHIBIT 19
Best Sources of Information on Pain Management
as Indicated by Active Physicians, 2012

Source	Percentage
CME courses	51%
Discussion with peers	33
Professional journals/research literature/websites	32
Residency program	19
Professional associations	12
Medical school	11
MDCH Bureau of Health Professions	7
Other	2

SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.
NOTE: Physicians were asked to "mark two," so percentages equal more than 100 percent.

Barriers to Addressing Pain

When asked to identify the greatest barrier to adequately addressing their patients' pain, 31 percent of active physicians say it is the fear that the patient may become addicted to pain medication (see Exhibit 20). Two in ten (20 percent) say the greatest barrier is insufficient time with patients to assess pain, and 19 percent say the patient does not report, or underreports, his or her pain. Fifteen percent point to their own lack of knowledge or proper training on how to fully assess and treat 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, three-quarters (75 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, 2012

Barrier	Percentage
My fear that the patient may become addicted to pain medication.	31%
Insufficient time with patients to assess pain.	20
Patient does not report, or underreports, his/her pain.	19
My lack of knowledge or proper training on how to fully assess and treat pain.	15
Lack of effective pain medication.	8
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, 2012.
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. About four-fifths (81 percent) of active physicians report being aware of MAPS, and half (53 percent) report having used MAPS. Both of these percentages have increased since 2009.

Non-pharmacological Treatments for Pain

Active physicians are generally more likely to make a referral or recommend non-pharmacological treatments for pain than to use such treatments themselves 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 17 percent who either make a referral or recommend non-prescription supplements to their patients.

The most common non-pharmacological pain treatment used by physicians themselves to treat their patients is physical movement, followed by non-prescription supplements. The most common non-pharmacological pain treatment for which physicians either refer or recommend is massage/therapeutic touch, followed by physical movement and meditation/relaxation techniques.

EXHIBIT 21
Non-Pharmacological Treatments for Pain Used and Recommended by Active Physicians, 2012

Non-pharmacological pain treatment	Percentage of active physicians who use the treatment	Percentage of active physicians who refer for or recommend the treatment
Massage/therapeutic touch	10%	37%
Physical movement	25	36
Meditation/relaxation techniques	11	31
Acupuncture	3	26
Spiritual approaches	6	19
Non-prescription supplements	21	17
Other	6	5

SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.

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.

Among physicians who are responsible for treating any end-of-life patients, 93 percent indicated that less than one-quarter of the patients they saw in the last 12 months received end-of-life care, while only 1 percent said that between 75 and 100 percent of the patients they saw in the last 12 months received end-of-life care.

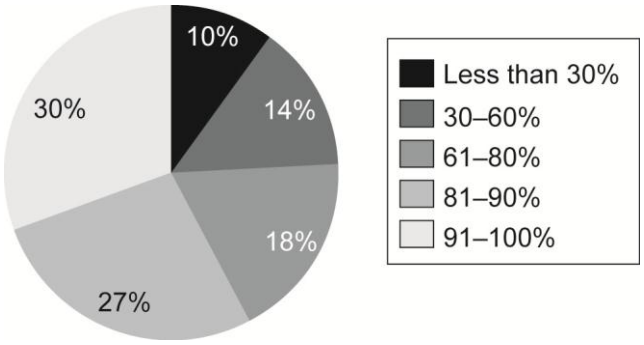
Attitudes Regarding End-of-Life Pain Management

Fifty-eight percent of physicians who treat end-of-life patients either strongly agree (14 percent) or agree (44 percent) with the statement, “Many end-of-life patients are being undertreated for pain.”

More than half (58 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). About one-third 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, 2012



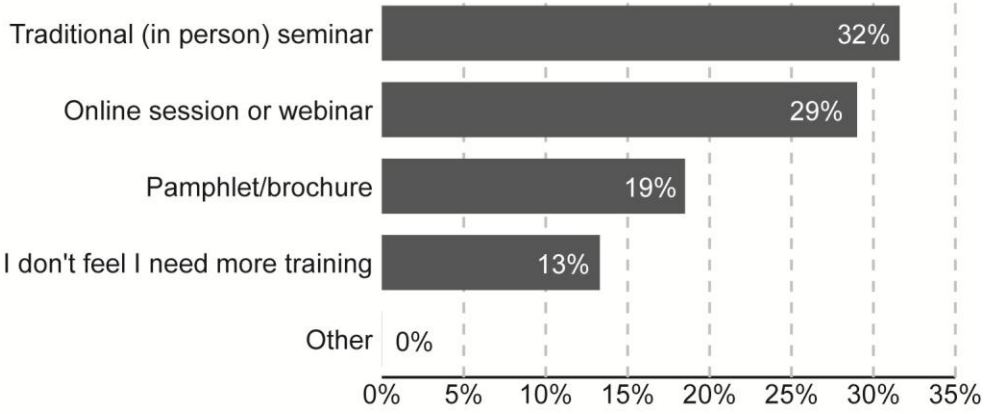
SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.
NOTE: Data presented are for *active* physicians fully licensed in Michigan who are responsible for treating end-of-life patients. Percentages do not equal 100 percent due to rounding.

Training Preferences

Traditional (in person) seminars and online sessions or webinars are the preferred formats for training in pain assessment and treatment with respect to end-of-life patients (see Exhibit 23), which is similar to training preferences for general pain management.

EXHIBIT 23

Preferred Formats for Training on End-of-Life Pain Management, 2012



SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.
NOTE: Data presented are for *active* physicians fully licensed in Michigan who are responsible for treating end-of-life patients. Physicians were asked to "mark all that apply" so percentages equal more than 100 percent.

Barriers to Addressing Pain for End-of-Life Patients

Barriers to addressing patients' end-of-life pain also are similar to those noted regarding general pain management, with two exceptions: (1) more physicians feel that patients are not reporting or underreporting their pain; and (2) fewer physicians fear that the patient may become addicted to pain medication.

EXHIBIT 24

Greatest Barriers to Addressing Patients' End-of-Life Pain, 2012

Barrier	Percentage
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.	25
Insufficient time with patients to assess pain.	23
Hospice and palliative care services are not readily available to my patients.	7
Fear of losing my license for improper prescribing of controlled substances.	4
Lack of effective pain medication.	4
My fear that the patient may become addicted to pain medication.	3

SOURCE: Michigan Department of Community Health Survey of Physicians, 2012.
NOTE: Data presented are for *active* physicians fully licensed in Michigan who are responsible for treating end-of-life patients. Percentages do not equal 100 percent due to rounding.

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	2010	2011	2012
a. MD	90.2%	83.4%	83.0%	83.6%	93.4%	80.1%	83.1%
b. DO	9.8	16.6	17.0	16.4	6.6	19.9	16.9

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

	2006	2007	2008	2009	2010	2011	2012
a. Providing patient care services in Michigan	65.8%	62.2%	65.5%	61.9%	58.1%	64.7%	67.6%
b. Working as a physician in Michigan but no time in patient care	3.3	2.9	3.3	3.9	3.7	3.6	3.4
c. Working as a physician, but not in Michigan	26.8	28.5	25.0	26.8	31.0	24.4	21.8
d. Not working as a physician	4.1	6.5	6.2	7.4	7.1	7.2	7.2

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

	2006	2007	2008	2009	2010	2011	2012
a. Yes	8.2%	6.0%	5.0%	4.1%	4.1%	4.5%	4.6%
b. No	91.8	94.0	95.0	95.9	95.9	95.5	95.4

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

NOTE: All of the following tables present data for "active" physicians, i.e., physicians "providing patient care services in Michigan" or "working as a physician in Michigan but no time in patient care," unless otherwise noted.

5. What is your gender?

	2006	2007	2008	2009	2010	2011	2012
a. Female	24.5%	25.8%	27.6%	27.5%	30.2%	28.9%	28.7%
b. Male	75.5	74.2	72.4	72.5	69.8	71.1	71.3

6. In what year were you born?

Age	2006*	2007	2008	2009	2010	2011	2012
a. 25–34	—	8.0%	6.4%	5.4%	5.3%	6.2%	7.5%
b. 35–44	—	20.9	18.2	17.9	18.8	12.8	16.2
c. 45–54	—	30.2	28.0	23.7	25.1	20.4	23.5
d. 55–64	—	24.7	28.3	29.0	30.2	32.1	29.5
e. 65+	—	16.1	19.2	22.1	20.6	28.2	23.4

*In 2006, the survey data were 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	2010	2011	2012
a. American Indian/ Alaskan Native	0.5%	0.2%	0.5%	0.3%	0.7%	0.5%	0.3%
b. Asian or Pacific Islander	20.4	17.4	17.3	16.4	13.9	15.9	12.4
c. Black, Non-Hispanic	6.7	4.1	4.4	4.2	5.9	4.8	4.4
d. Hispanic	2.3	2.3	2.6	2.8	3.1	2.8	2.2
e. Multiracial	1.0	0.4	0.6	0.6	0.6	0.7	0.9
f. White, Non-Hispanic	63.2	71.6	70.3	71.9	72.7	71.9	76.4
g. Other/Unknown	6.0	4.1	4.3	3.7	3.2	3.4	3.5

8. Please indicate your citizenship status:

	2006	2007	2008	2009	2010	2011	2012
a. Native-born U.S.	63.9%	68.8%	69.4%	70.0%	72.8%	71.1%	74.3%
b. Naturalized U.S.	25.1	24.3	24.7	24.9	22.9	24.6	20.5
c. Permanent Resident	7.4	5.3	4.5	3.9	3.2	3.5	3.8
d. H-1 Temporary Worker	3.1	1.0	1.1	0.9	1.1	0.6	1.3
e. J-1 Exchange Visitor	0.6	0.5	0.4	0.1	0.1	0.2	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?

Physicians providing patient care services in Michigan							
	2006	2007	2008	2009	2010	2011	2012
a. Outpatient	71.4%	78.2%	79.3%	80.0%	75.2%	79.0%	76.7%
b. Inpatient	28.6	21.8	20.7	20.0	24.8	21.0	23.3

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

	2009*	2010	2011	2012
a. Single physician practice	29.7%	26.4%	30.9%	24.9%
b. Single physician practice that shares expenses with other physician practices	4.9	6.5	5.2	3.3
c. Group practice (2-5 FTE physicians)	29.4	29.3	29.5	30.1
d. Group practice (6 or more FTE physicians)	35.9	37.8	34.4	41.7

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

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

	2009*	2010	2011	2012
A. Not a salaried employee	33.4%	30.7%	36.1%	29.7%
B. Salaried employee with:				
a. a practice I own or co-own	24.7	18.4	22.8	18.3
b. a professional corporation or practice that I do not own	16.1	17.5	15.5	16.1
c. a managed care organization	0.8	0.7	1.3	0.9
d. a hospital	17.0	19.6	17.2	19.5
e. a university or teaching institution	10.1	14.5	10.6	11.4
f. another type of organization	5.7	6.3	6.1	4.1

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

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

Physicians providing patient care services in Michigan							
	2006	2007	2008	2009	2010	2011	2012
a. Mean	40.0 hrs	41.6 hrs	39.9 hrs	39.4 hrs	38.5 hrs	39.1hrs	37.8 hrs
b. 25th Percentile	30.0	30.0	30.0	30.0	28.0	30.0	28.0
c. Median	40.0	40.0	40.0	40.0	40.0	40.0	40.0
d. 50th Percentile	50.0	50.0	50.0	50.0	50.0	40.0	50.0

14. Do you have hospital admitting privileges?

Physicians providing patient care services in Michigan							
	2006	2007	2008	2009	2010	2011	2012
a. Yes	72.0%	75.0%	74.3%	72.1%	72.3%	69.0%	70.5%
b. No	28.0	25.0	25.7	27.9	27.7	31.0	29.5

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

	2006	2007	2008	2009*	2010	2011	2012
a. Research	31.5%	20.5%	19.2%	16.6%	19.4%	15.3%	18.9%
b. Teaching	54.0	52.2	47.7	—	—	—	—
c. Teaching (classroom)	—	—	—	17.5	17.2	15.1	17.9
d. Teaching (clinical setting)	—	—	—	49.1	50.2	51.6	55.6
e. Administration in a private practice	19.7	24.3	23.4	20.3	15.9	20.7	19.4
f. Administration in medical school, hospital, health plan, or nursing home	19.7	15.6	13.8	14.8	16.7	13.0	17.5
g. Emergency room care	17.5	14.6	13.8	11.5	12.2	11.1	13.4
h. Medical examiner	2.2	2.1	1.8	1.8	2.2	1.6	1.4
i. Patient care in a nursing home	6.6	8.2	7.9	7.4	7.7	7.8	6.7

*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?

	Physicians providing patient care services in Michigan						
	2006	2007	2008	2009	2010	2011	2012
a. My practice is full; I cannot accept any new/additional patients.	15.5%	10.8%	11.5%	11.7%	12.2%	10.6%	12.2%
b. My practice is nearly full; I can accept a few new patients.	46.7	49.6	50.4	48.7	48.9	48.0	45.5
c. My practice is far from full; I can accept many more patients.	37.8	39.7	38.0	39.6	39.0	41.3	42.3

17. Are you currently providing care to…

	Physicians providing patient care services in Michigan								
	2006	2007	2008	2009	2010	2011		2012	
						Yes	No	Yes	No
a. Medicaid patients	89.0%	86.7%	84.6%	84.9%	87.0%	83.7%	16.3%	85.5%	14.5%
b. New Medicaid patients	79.6	73.2	70.5	73.1	73.3	72.1	27.9	76.0	24.0
c. Medicare patients	89.4	90.8	90.4	89.7	87.8	90.4	9.6	90.7	9.3
d. New Medicare patients	86.0	86.0	85.5	83.9	82.6	85.1	14.9	85.4	14.6
e. Patients from other publicly funded programs	77.1	72.5	71.3	73.3	72.4	72.3	27.7	75.8	24.2

Note: This question was redesigned in 2011 to require a "Yes" or "No" response rather than "mark all that apply."

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	2010	2011	2012
a. Lab results, x-rays, or hospital records	64.4%	64.3%	66.0%	67.7%	73.1%	71.7%	77.9%
b. Prescriptions	25.3	24.3	28.1	36.3	47.0	51.5	65.7
c. Claims information	46.3	55.2	56.7	55.6	57.9	61.3	66.3
d. Electronic health records	43.5	36.4	37.6	40.8	47.1	47.4	62.7
e. Communication with your patients	21.3	15.9	17.3	20.1	21.2	22.2	32.1
f. Information about treatment alternatives	28.4	25.2	25.1	27.6	31.0	29.8	36.6
g. Continuing medical education (CME) credits	49.8	47.3	50.9	54.3	59.3	59.7	68.1

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	2010	2011	2012
a. Addiction Medicine	Not asked	Not asked	Not asked	0.2%	0.4%	0.5%	0.4%
b. Allergy & immunology	1.0%	1.0%	0.9%	0.7	1.1	1.0	0.8
c. Anesthesiology	3.6	2.8	3.0	3.2	2.5	3.5	3.3
d. Cardiovascular disease	2.9	2.7	2.1	1.6	3.1	2.0	2.0
e. Critical care medicine	0.4	0.6	0.4	0.6	0.3	0.7	0.8
f. Dermatology	1.3	1.4	1.9	1.4	1.0	2.2	1.5

Primary Specialties		2006	2007	2008	2009	2010	2011	2012
g.	Emergency medicine	7.5%	5.4%	4.8%	5.2%	3.8%	4.8%	5.7%
h.	Endocrinology	0.9	0.7	0.9	0.6	0.6	0.7	0.6
i.	Family practice	10.8	15.7	14.3	15.8	15.1	15.5	16.8
j.	Gastroenterology	1.3	0.8	1.2	1.0	0.4	1.5	0.6
k.	General medicine	3.0	2.5	2.7	3.5	2.0	2.0	2.8
l.	Geriatrics	0.9	0.5	0.9	0.7	1.3	0.8	0.5
m.	Hospice & palliative medicine	Not asked	Not asked	Not asked	0.5	1.0	0.3	0.4
n.	Hospitalist	1.5	0.8	1.0	1.2	2.0	1.0	2.0
o.	Infectious disease	0.5	0.5	0.6	0.9	1.0	0.5	1.1
p.	Internal medicine (general)	8.8	11.3	11.4	9.3	10.6	11.9	9.1
q.	Nephrology	1.5	0.6	0.9	1.6	0.1	0.6	1.0
r.	Neurology	2.3	1.8	1.7	2.5	1.5	2.4	2.3
s.	Neurological surgery	0.7	0.5	0.6	0.4	0.6	0.6	0.4
t.	Obstetrics & gynecology (general)	3.2	4.1	3.2	4.0	4.9	4.2	3.6
u.	Obstetrics & gynecology subspecialty	0.7	0.8	0.7	0.3	0.9	0.5	0.5
v.	Gynecology (only)	0.4	0.5	0.8	1.1	0.5	0.8	1.1
w.	Occupational medicine	1.8	1.4	1.1	1.1	1.6	1.3	1.1
x.	Oncology/hematology	2.2	1.5	1.5	1.9	1.0	1.6	1.1
y.	Ophthalmology	2.0	2.0	2.8	2.7	1.3	2.9	2.1
z.	Orthopedic surgery	2.4	2.8	2.8	2.9	2.0	2.1	2.2
aa.	Otolaryngology	0.8	1.2	1.0	1.2	0.4	0.7	1.0
bb.	Osteopathic manipulative medicine	0.0	0.2	0.3	0.4	0.1	0.3	0.2
cc.	Pain medicine	Not asked	Not asked	Not asked	0.5	0.3	0.5	0.5
dd.	Pathology (general)	2.6	2.5	2.7	3.0	2.9	1.8	2.2
ee.	Pediatrics (general)	5.1	5.7	6.2	5.4	7.4	5.8	6.3
ff.	Pediatrics subspecialty	3.1	1.8	1.6	1.7	3.5	2.2	2.0
gg.	Medical pediatrics	0.2	0.1	0.2	0.2	0.1	0.2	0.2
hh.	Physical medicine & rehabilitation	1.3	1.6	1.2	1.3	1.0	0.9	1.8
ii.	Plastic surgery	0.5	1.2	0.8	0.4	1.0	0.6	1.4
jj.	Preventive medicine	0.5	0.2	0.5	0.4	0.8	0.1	0.5
kk.	Psychiatry (adult)	5.2	5.7	5.9	6.4	5.8	5.8	5.7
ll.	Psychiatry (child & adolescent)	0.9	1.0	1.5	1.0	1.5	1.6	1.1

Primary Specialties	2006	2007	2008	2009	2010	2011	2012
mm. Pulmonary disease	1.3%	0.8%	0.8%	0.6%	0.5%	0.5%	1.1%
nn. Radiology (diagnostic)	4.8	4.4	4.7	4.1	4.7	3.2	3.8
oo. Radiology (therapeutic)	1.0	1.0	0.6	0.7	0.5	1.0	0.9
pp. Rheumatology	0.3	0.7	0.5	0.6	0.9	0.6	0.8
qq. Sports medicine	0.0	0.1	0.1	0.1	0.5	0.1	0.2
rr. Surgery (general)	3.0	4.0	3.6	3.3	3.1	3.1	2.1
ss. Thoracic surgery	0.8	0.3	0.4	0.3	0.4	0.5	0.5
tt. Urology	1.9	1.3	1.3	0.7	0.5	0.8	0.5
uu. Vascular surgery	0.6	0.4	0.3	0.5	0.6	0.5	0.4
vv. Other	4.2	3.4	3.4	2.6	2.9	3.3	3.2

Secondary Specialties	2006	2007	2008	2009	2010	2011	2012
a. Addiction Medicine	Not asked	Not asked	Not asked	4.3%	2.2%	2.9%	1.2%
b. Allergy & immunology	0.7%	1.1%	1.1%	1.0	1.9	0.4	0.2
c. Anesthesiology	0.9	0.5	0.7	1.0	0.0	0.8	0.2
d. Cardiovascular disease	2.7	2.7	1.6	1.6	2.2	1.6	0.7
e. Critical care medicine	3.9	3.4	2.9	1.6	1.9	1.8	1.1
f. Dermatology	0.2	1.1	0.4	0.6	1.1	0.2	0.1
g. Emergency medicine	4.0	2.7	2.5	1.3	2.6	2.7	1.0
h. Endocrinology	1.1	0.8	1.6	1.3	1.5	1.2	0.2
i. Family practice	4.5	4.7	4.6	4.9	5.6	4.9	1.4
j. Gastroenterology	1.2	1.2	0.8	1.0	0.7	1.8	0.5
k. General medicine	6.8	4.6	3.1	4.6	4.1	4.7	1.1
l. Geriatrics	4.3	9.0	5.6	7.6	7.9	6.5	2.6
m. Hospice & palliative medicine	Not asked	Not asked	Not asked	1.0	1.1	1.8	0.7
n. Hospitalist	3.1	2.7	3.1	2.5	2.6	2.2	1.3
o. Infectious disease	1.4	0.8	0.6	1.1	0.0	0.8	0.2
p. Internal medicine (general)	15.6	14.9	13.7	13.2	14.2	12.7	4.7
q. Nephrology	0.4	0.8	0.7	0.3	0.4	0.6	0.1
r. Neurology	2.2	0.7	0.7	0.8	1.9	1.2	0.5
s. Neurological surgery	0.1	0.2	0.2	0.3	0.0	0.2	0.1
t. Obstetrics & gynecology (general)	2.0	2.1	1.3	1.4	0.4	2.0	0.5

Secondary Specialties	2006	2007	2008	2009	2010	2011	2012
u. Obstetrics & gynecology subspecialty	1.5%	0.7%	0.3%	1.3%	1.1%	1.8%	0.4%
v. Gynecology (only)	0.4	1.2	0.8	1.0	0.4	0.8	0.3
w. Occupational medicine	0.8	1.7	1.1	1.7	1.9	2.0	0.2
x. Oncology/hematology	1.2	1.2	1.0	1.1	1.5	0.8	0.3
y. Ophthalmology	0.1	0.2	0.3	0.3	0.0	0.0	0.1
z. Orthopedic surgery	0.3	0.3	0.1	0.2	0.4	1.0	0.4
aa. Otolaryngology	0.0	0.4	0.1	0.2	1.1	0.0	0.0
bb. Osteopathic manipulative medicine	1.1	2.6	2.9	3.0	0.0	2.7	0.8
cc. Pain medicine	Not asked	Not asked	Not asked	4.3	3.4	3.0	1.5
dd. Pathology (general)	0.7	0.5	0.6	0.6	0.7	0.8	0.1
ee. Pediatrics (general)	5.5	4.9	3.7	2.5	7.5	4.0	1.2
ff. Pediatrics subspecialty	3.9	2.7	2.2	2.9	0.4	1.8	0.6
gg. Medical pediatrics	0.8	0.4	0.2	0.5	0.4	0	0.1
hh. Physical medicine & rehabilitation	0.4	0.6	0.3	0.3	1.5	0.8	0.2
ii. Plastic surgery	0.4	1.2	0.7	0.8	0.0	0.6	0.5
jj. Preventive medicine	1.1	1.6	14.1	1.4	1.5	2.5	0.5
kk. Psychiatry (adult)	2.8	3.3	3.6	4.3	5.6	4.5	1.1
ll. Psychiatry (child & adolescent)	3.1	3.6	3.9	3.8	4.5	5.3	1.1
mm. Pulmonary disease	1.7	1.3	1.2	0.6	0.4	1.0	0.7
nn. Radiology (diagnostic)	1.1	0.8	0.4	0.5	0.4	0.8	0.4
oo. Radiology (therapeutic)	1.1	1.0	1.6	0.6	0.7	1.2	0.8
pp. Rheumatology	0.7	0.1	0.4	0.5	0.0	0.4	0.1
qq. Sports medicine	1.8	2.1	1.8	3.7	3.0	2.0	0.9
rr. Surgery (general)	2.4	1.8	1.7	1.7	1.9	2.0	1.3
ss. Thoracic surgery	0.8	0.3	0.6	0.6	0.7	0.8	0.3
tt. Urology	0.7	0.3	0.6	0.0	0.7	0.2	0.1
uu. Vascular surgery	0.6	1.4	1.6	1.6	0.4	2.0	0.1
vv. Other	9.7	10.3	9.6	8.7	7.5	7.0	2.6

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	2010	2011	2012
a. Addiction Medicine	Not asked	Not asked	Not asked	5.4%	4.8%	5.2%	6.7%
b. Allergy & immunology	1.8%	1.2%	1.3%	1.1	1.3	0.9	1.5
c. Anesthesiology	0.5	0.3	0.3	0.1	0.3	0.4	0.2
d. Cardiovascular disease	1.5	0.8	0.9	0.7	0.3	0.3	0.6
e. Critical care medicine	0.4	0.2	0.4	0.7	0.3	0.4	0.2
f. Dermatology	7.0	7.0	6.4	6.6	7.8	5.4	6.4
g. Emergency medicine	0.2	0.2	0.1	0.2	0.1	0.1	0.0
h. Endocrinology	4.3	5.5	6.2	5.9	5.2	4.5	6.5
i. Family practice	0.3	0.5	1.1	0.9	0.6	0.7	1.2
j. Gastroenterology	2.7	2.5	2.2	2.4	3.1	2.1	2.4
k. General medicine	0.6	0.3	0.9	0.6	0.1	0.3	0.7
l. Geriatrics	0.7	0.4	0.8	0.7	0.8	0.5	0.9
m. Hospice & palliative medicine	Not asked	Not asked	Not asked	0.4	0.6	0.2	0.2
n. Hospitalist	0.3	0.2	0.3	0.3	0.1	0.3	0.1
o. Infectious disease	1.5	1.7	1.8	1.9	1.3	1.1	1.6
p. Internal medicine (general)	0.9	1.0	1.6	1.3	0.8	0.6	1.8
q. Nephrology	1.5	1.2	1.4	1.3	0.9	1.1	1.8
r. Neurology	5.2	4.8	5.2	4.7	4.6	5.4	6.3
s. Neurological surgery	3.3	2.7	3.7	3.8	2.3	2.6	2.2
t. Obstetrics & gynecology (general)	1.0	0.6	0.7	0.7	0.6	0.5	0.3
u. Obstetrics & gynecology subspecialty	0.6	0.5	0.7	0.5	0.6	0.6	0.3
v. Gynecology (only)	0.5	0.2	0.4	0.5	0.3	0.4	0.4
w. Occupational medicine	0.3	0.2	0.4	0.7	0.8	0.6	0.4
x. Oncology/hematology	0.5	0.3	0.6	0.8	0.3	0.4	0.6
y. Ophthalmology	1.2	1.0	0.7	0.5	0.7	0.6	1.1
z. Orthopedic surgery	5.3	5.0	4.5	4.0	2.8	3.1	2.2
aa. Otolaryngology	1.6	1.5	1.7	1.5	1.3	1.6	1.8
bb. Osteopathic manipulative medicine	0.5	0.5	0.7	0.7	0.6	0.6	0.7
cc. Pain medicine	Not asked	Not asked	Not asked	5.3	5.7	4.0	6.0
dd. Pathology (general)	0.2	0.1	0.1	0.1	0.1	0.1	0.1

Referral Difficulties	2006	2007	2008	2009	2010	2011	2012
ee. Pediatrics (general)	0.2%	0.5%	0.3%	0.1%	0.2%	0.3%	0.2%
ff. Pediatrics subspecialty	1.5	2.1	2.7	2.0	3.2	2.3	2.4
gg. Medical pediatrics	0.1	0.2	0.1	0.1	0.2	0.3	0.1
hh. Physical medicine & rehabilitation	1.2	0.6	0.8	0.7	1.2	0.6	1.3
ii. Plastic surgery	2.2	1.6	1.6	1.7	1.0	1.1	1.1
jj. Preventive medicine	0.1	0.2	6.4	0.4	0.5	0.3	0.6
kk. Psychiatry (adult)	4.7	6.2	7.7	9.5	9.2	8.5	12.0
ll. Psychiatry (child & adolescent)	4.4	4.9	6.4	8.1	5.9	5.7	8.3
mm. Pulmonary disease	1.0	0.7	0.9	1.6	1.2	1.1	1.9
nn. Radiology (diagnostic)	0.9	0.6	0.4	0.3	0.2	0.6	0.1
oo. Radiology (therapeutic)	0.4	0.4	0.2	0.3	0.2	0.2	0.1
pp. Rheumatology	3.8	1.7	5.7	5.9	5.2	5.2	7.9
qq. Sports medicine	0.7	0.3	0.2	0.5	0.1	0.4	0.4
rr. Surgery (general)	0.6	0.5	0.6	0.2	0.7	0.6	0.6
ss. Thoracic surgery	0.7	0.4	0.3	0.2	0.5	0.5	0.5
tt. Urology	1.7	1.5	1.5	1.7	2.1	1.4	1.8
uu. Vascular surgery	0.9	0.7	0.8	0.9	0.3	0.6	0.6
vv. Other	1.4	0.8	1.2	0.7	0.6	0.8	0.9

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

	2006	2007	2008	2009	2010	2011	2012
Section A							
a. Rural/small town	24.0%	25.3%	25.3%	27.8%	28.8%	25.5%	25.3%
b. Suburban	43.3	42.2	41.0	40.6	40.7	42.4	45.5
c. Urban	32.7	32.5	33.7	31.6	30.5	32.1	29.2
Section B							
a. Michigan	40.7%	48.1%	49.3%	49.3%	48.2%	48.6%	51.3%
b. Other U.S. state	30.1	26.8	25.7	25.5	27.7	28.0	27.9
c. Other country	29.3	25.1	25.0	25.3	24.1	23.4	20.8

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

	2006	2007	2008	2009	2010	2011	2012
a. Michigan	34.3%	38.5%	39.0%	40.1%	41.6%	38.7%	42.1%
b. Other U.S. state	32.5	33.0	32.7	31.5	31.3	34.9	34.2
c. Canada	1.8	0.9	0.8	1.1	0.7	0.5	1.3
d. Caribbean	2.2	2.2	1.8	2.7	2.0	2.0	2.5
e. Other country	29.2	25.3	25.6	24.6	24.3	23.9	19.9

B. If in Michigan, please specify the school.

	2006	2007	2008	2009	2010	2011	2012
a. Michigan State University College of Human Medicine	12.3%	12.7%	13.3%	12.5%	19.0%	11.0%	13.3%
b. Michigan State University College of Osteopathic Medicine	11.1	18.5	17.8	18.2	5.5	22.6	19.9
c. University of Michigan Medical School	33.3	25.9	25.5	28.9	31.9	26.8	27.2
d. Wayne State University School of Medicine	43.3	42.9	43.5	40.4	43.7	39.6	39.6

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

	2006	2007	2008	2009	2010	2011	2012
a. In-state residency	55.6%	61.8%	61.6%	61.3%	59.7%	63.2%	59.9%
b. In-state fellowship	15.8	14.6	15.6	13.9	18.6	15.0	14.6
c. Out-of-state residency	35.1	32.0	33.6	33.8	37.2	31.6	35.3
d. Out-of-state fellowship	18.1	14.5	13.9	16.0	13.9	13.5	18.6

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	2010	2011	2012
a. 1–5 years	14.7%	18.8%	22.5%	24.2%	22.5%	28.4%	24.0%
b. 6–10 years	18.8	22.1	23.6	22.7	22.7	26.0	21.5
c. 11–15 years	18.4	19.5	18.7	18.1	18.0	16.8	20.3
d. 16–20 years	19.0	16.2	15.5	14.4	16.1	11.6	13.6
e. 21–30 years	18.6	16.1	14.1	15.4	15.1	11.4	13.0
f. More than 30 years	10.5	7.4	5.6	5.1	5.5	5.9	7.5

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

	2006	2007	2008	2009	2010	2011	2012
a. Maintain my practice as is	61.6%	68.5%	69.4%	70.0%	70.6%	68.0%	71.0%
b. Increase patient care hours	14.8	12.3	10.4	11.2	10.6	10.2	10.0
c. Significantly reduce patient care hours	6.8	7.7	8.2	6.9	6.6	8.8	8.7
d. Move my practice to another Michigan location	3.5	3.0	2.4	2.2	2.6	2.1	2.4
e. Move my practice out of state	4.6	4.4	4.6	4.1	3.6	3.4	4.3
f. Retire	4.2	5.8	7.6	7.9	7.8	9.6	8.1

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	2010	2011	2012
a. Age	62.9%	67.4%	70.0%	75.7%	78.3%	69.1%	75.1%
b. General lack of job satisfaction	19.2	19.6	18.9	18.8	13.9	19.1	19.7
c. Childbearing/childrearing	4.1	3.0	3.3	2.3	4.3	2.5	2.9
d. Lifestyle changes	24.8	24.0	28.0	20.7	29.6	20.2	25.5
e. Medical malpractice insurance cost	23.3	25.1	26.2	16.1	19.1	19.8	15.9
f. Personal or family health concerns	16.3	16.2	15.3	14.1	14.8	15.2	16.2
g. Increasing administrative/regulatory burden	30.4	36.1	41.1	34.5	34.8	37.5	39.4
h. Employer/employee conflict	1.5	3.4	4.7	2.6	3.5	4.1	4.6
i. Inadequate reimbursement for services	28.1	33.8	38.7	27.0	24.3	30.2	27.8
j. Move to management/consulting/ teaching/research	11.5	10.7	8.2	5.9	9.6	8.0	8.1
k. Other	4.5	1.6	0.4	0.7	0.0	0.5	3.5

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	2010*	2011	2012
a. Strongly agree	21.5%	12.7%	12.2%	11.8%
b. Agree (previously "Somewhat agree")	51.9	51.4	52.5	48.6
c. Disagree (previously "Somewhat disagree")	20.2	31.9	32.0	35.3
d. Strongly disagree	6.4	4.0	3.3	4.3

*Response options revised in 2010.

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

	2009	2010*	2011	2012
a. Strongly agree	13.7%	6.2%	6.0%	4.9%
b. Agree (previously "Somewhat agree")	47.8	42.6	40.5	37.6
c. Disagree (previously "Somewhat disagree")	32.0	47.3	49.3	51.9
d. Strongly disagree	6.5	4.0	4.2	5.5

*Response options revised in 2010.

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

	2009	2010	2011	2012
a. Less than 30%	6.7%	5.9%	7.0%	6.4%
b. 30–60%	29.5	25.2	29.0	26.4
c. 61–80%	32.8	37.2	33.9	33.5
d. 81–90%	23.9	25.7	24.2	26.5
e. 91–100%	7.2	5.7	5.9	7.1

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

	2009	2010	2011	2012
a. Less than 30%	1.1%	0.3%	1.2%	0.8%
b. 30–60%	6.2	4.1	6.0	4.6
c. 61–80%	14.3	13.4	15.0	13.2
d. 81–90%	39.0	40.9	40.9	40.0
e. 91–100%	39.4	41.3	36.8	41.4

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

	2009	2010	2011	2012
a. I have had all the training I need to fully manage pain.	10.7%	11.0%	13.5%	12.7%
b. I have had some training.	51.7	55.0	51.0	53.6
c. I have had little training.	25.7	25.7	24.3	23.9
d. I have had no training.	11.9	8.3	11.3	9.8

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

	2009	2010	2011	2012
a. Pamphlet/brochure	28.9%	26.8%	28.8%	22.6%
b. Online session or webinar	37.4	38.6	38.8	39.1
c. Traditional (in person) seminar	54.3	54.1	52.0	43.7
d. I don't feel I need more training	15.4	17.6	16.3	18.7
e. Other	0.1	0.8	0.7	1.5

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	2010	2011	2012
a. Yes	67.5%	69.2%	73.5%	81.1%
b. No	32.5	30.8	26.5	18.9

33. Have you ever used MAPS?

	2009	2010	2011	2012
a. Yes	38.7%	42.4%	47.0%	52.5%
b. No	61.3	57.6	53.0	47.5

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

	2009	2010	2011	2012
a. Never	45.6%	45.5%	44.3%	47.4%
b. Rarely	26.8	30.6	28.2	27.8
c. Some of the time	18.6	16.0	19.1	16.1
d. Frequently	5.6	5.3	5.3	5.5
e. Always	3.4	2.6	3.1	3.3

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

	2009	2010	2011	2012
a. My lack of knowledge or proper training on how to fully assess and treat pain.	17.3%	16.4%	16.5%	14.9%
b. Insufficient time with patients to assess pain.	15.3	16.1	15.2	20.1
c. Patient does not report, or underreports, his/her pain.	23.1	23.1	22.7	19.1
d. Lack of effective pain medication.	6.1	5.6	5.1	7.9
e. My fear that the patient may become addicted to pain medication.	31.7	29.3	32.4	31.3
f. Fear of losing my license for improper prescribing of controlled substances.	4.9	6.8	5.4	4.7
g. Hospice and palliative care services are not readily available to my patients.	1.7	2.7	2.7	2.0

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			
	2009	2010	2011	2012	2009	2010	2011	2012
a. Acupuncture	3.2%	3.6%	4.1%	3.1%	22.7%	23.8%	22.2%	25.8%
b. Massage/therapeutic touch	10.3	8.9	12.1	9.5	31.7	35.2	31.6	37.1
c. Meditation/relaxation techniques	11.4	15.4	14.1	10.8	25.1	27.0	23.2	31.3
d. Spiritual approaches	6.8	7.3	7.2	6.2	14.6	14.8	14.6	18.9
e. Physical movement	22.4	24.9	26.3	25.3	31.0	33.3	28.4	35.8
f. Non-prescription supplements	21.0	20.4	21.3	21.4	15.4	14.7	14.2	16.6
g. Other	6.3	4.8	4.7	5.7	4.0	3.9	4.3	5.2

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

	2009	2010	2011	2012
a. CME courses	52.2%	48.8%	51.4%	50.6%
b. Discussion with peers	30.7	35.2	28.9	32.9
c. MDCH Bureau of Health Professions	0.7	2.0	2.2	7.2
d. Medical school	9.9	0.8	11.5	11.3
e. Professional associations	10.4	11.0	10.3	11.6
f. Professional journals/research literature/websites	36.1	34.2	31.5	32.3
g. Residency program	15.3	17.5	14.8	18.6
h. Other	0.3	3.9	0.6	1.6

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

	2009	2010	2011	2012
a. I am not formally certified in pain management	96.9%	97.5%	97.1%	96.7%
b. American Academy of Pain Management	0.7	0.3	0.6	0.5
c. American Board of Anesthesiology	1.0	0.8	1.1	0.8
d. American Osteopathic Board of Anesthesiology	0.2	0.0	0.5	0.1
e. American Board of Hospice and Palliative Medicine	0.5	0.2	0.9	0.7
f. American Board of Interventional Pain Physicians	0.1	0.2	0.2	0.0
g. American Board of Neurological Surgery	0.1	0.0	0.4	0.1
h. American Board of Pain Medicine	0.2	0.2	0.4	0.5
i. American Board of Physical Medicine and Rehabilitation	0.6	0.5	0.7	0.4
j. American Board of Psychiatry and Neurology	0.8	0.2	0.8	1.1

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

	2009	2010	2011	2012
a. 1–24%	93.7%	93.3%	91.8%	92.6%
b. 25–49%	3.4	4.3	4.4	4.5
c. 50–74%	0.9	0.8	2.1	1.6
d. 75–100%	2.0	1.6	1.7	1.3

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

	2009	2010	2011	2012
a. Less than 30%	12.5%	11.9%	14.0%	9.9%
b. 30–60%	16.9	14.1	16.1	14.2
c. 61–80%	17.7	19.5	18.1	18.4
d. 81–90%	26.7	26.8	25.0	27.2
e. 91–100%	26.2	27.7	26.8	30.3

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

	2009	2010	2011	2012
a. Strongly agree	21.1%	20.7%	18.6%	14.4%
b. Agree	40.6	38.4	40.3	43.9
c. Disagree	30.9	36.3	35.3	35.2
d. Strongly disagree	7.3	4.6	5.8	6.5

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	2010	2011	2012
a. Pamphlet/brochure	29.8%	30.9%	31.1%	18.5%
b. Online session or webinar	36.7	38.6	39.1	29.0
c. Traditional (in person) seminar	58.4	52.6	53.7	31.6
d. I don't feel I need more training	16.9	16.7	15.4	13.3
e. Other	0.2	0.6	0.2	0.0

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

	2009	2010	2011	2012
a. My lack of knowledge or proper training on how to fully assess and treat pain.	26.3%	21.5%	25.8%	24.5%
b. Insufficient time with patients to assess pain.	19.8	20.6	20.2	22.9
c. Lack of effective pain medication.	6.3	5.2	4.0	4.1
d. Patient does not report, or underreports, his/her pain.	35.4	38.9	35.6	34.8
e. My fear that the patient may become addicted to pain medication.	1.8	4.2	3.6	2.6
f. Fear of losing my license for improper prescribing of controlled substances.	4.9	4.2	5.5	4.1
g. Hospice and palliative care services are not readily available to my patients.	5.4	5.4	5.3	6.6