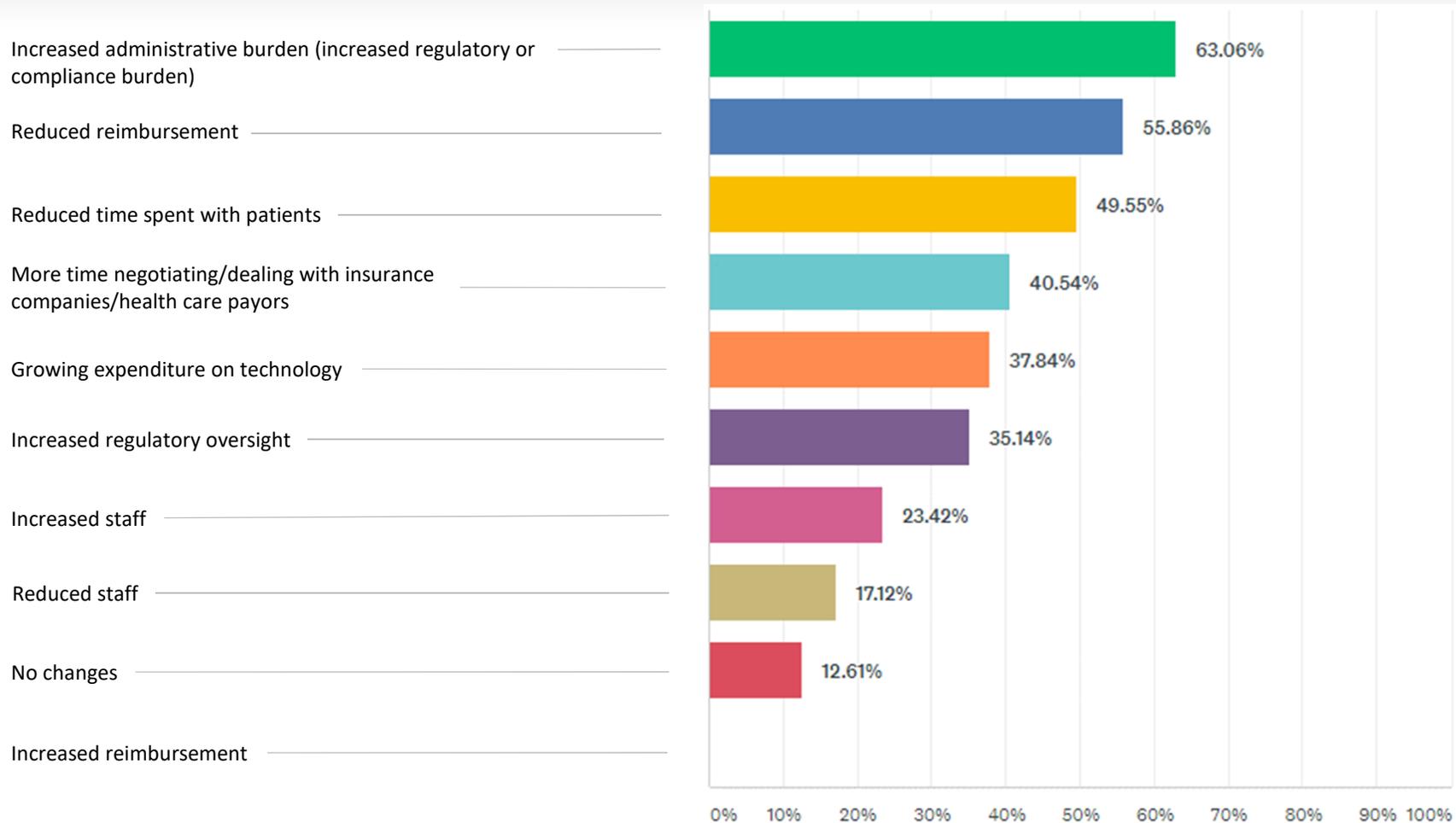


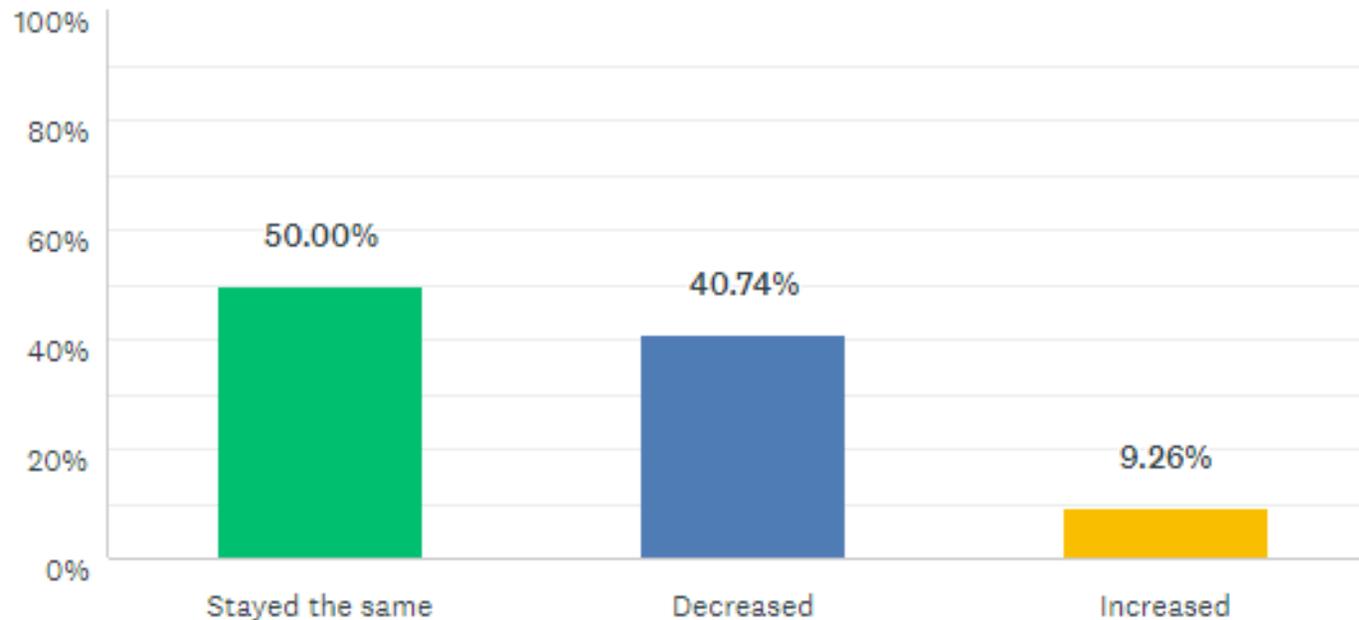
# The Brach Eichler 2019 New Jersey Health Care Monitor

2019 Survey of New Jersey  
Healthcare Practitioners

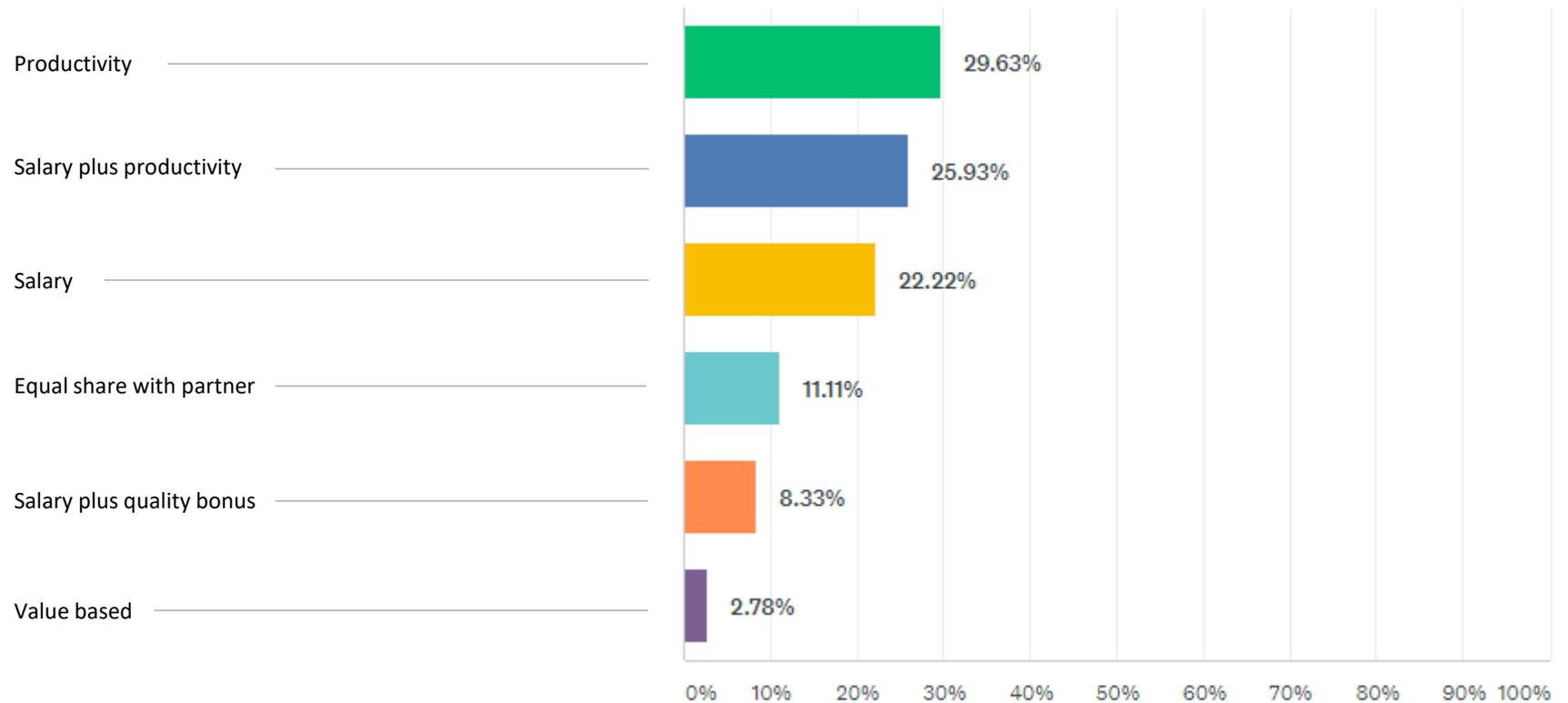
# Q1: How has the changing health care environment affected your role as a physician within the last year?



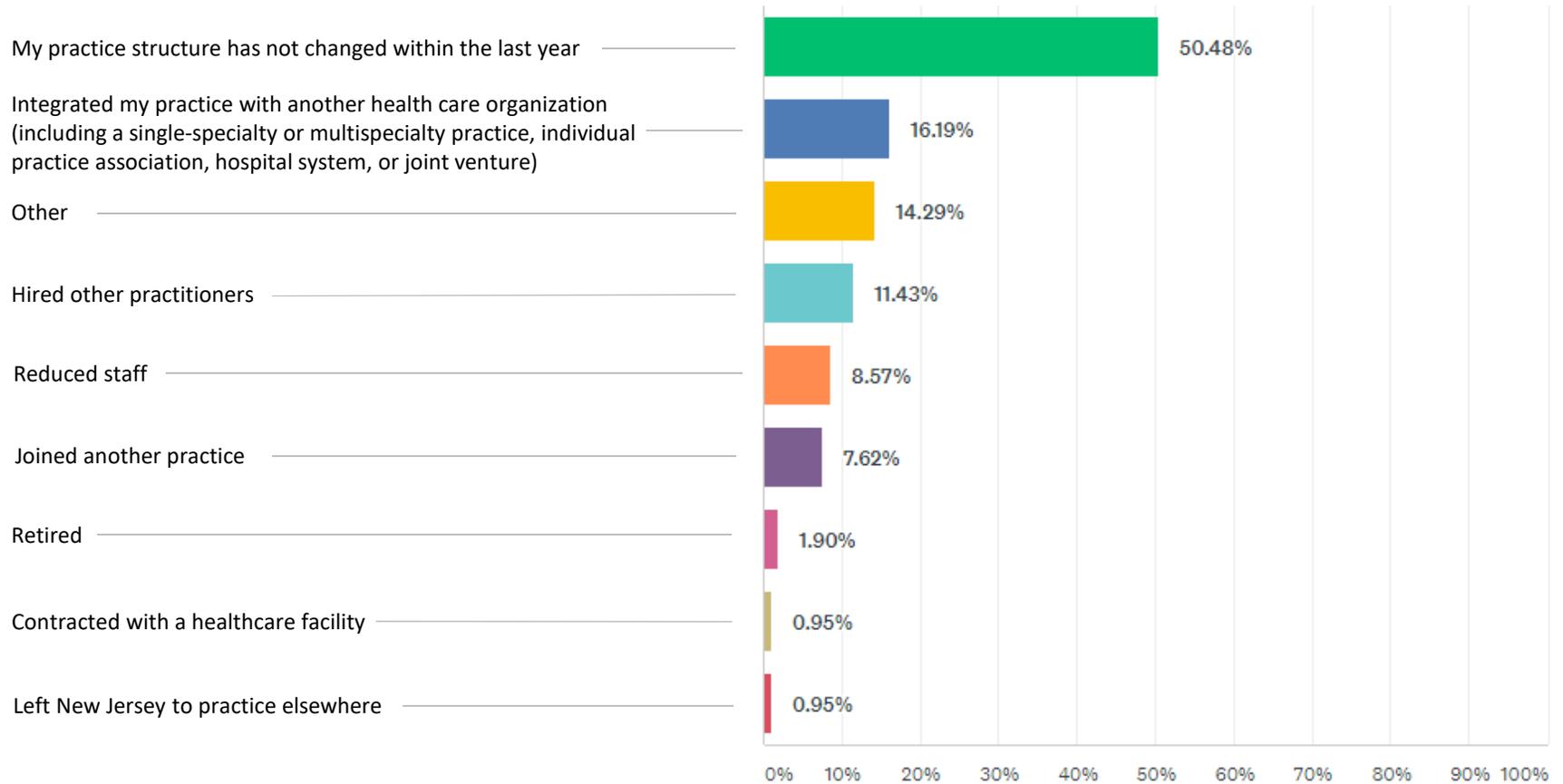
## Q2: How has your income from your professional practice changed in the last year?



# Q3: What compensation model applies to you personally?



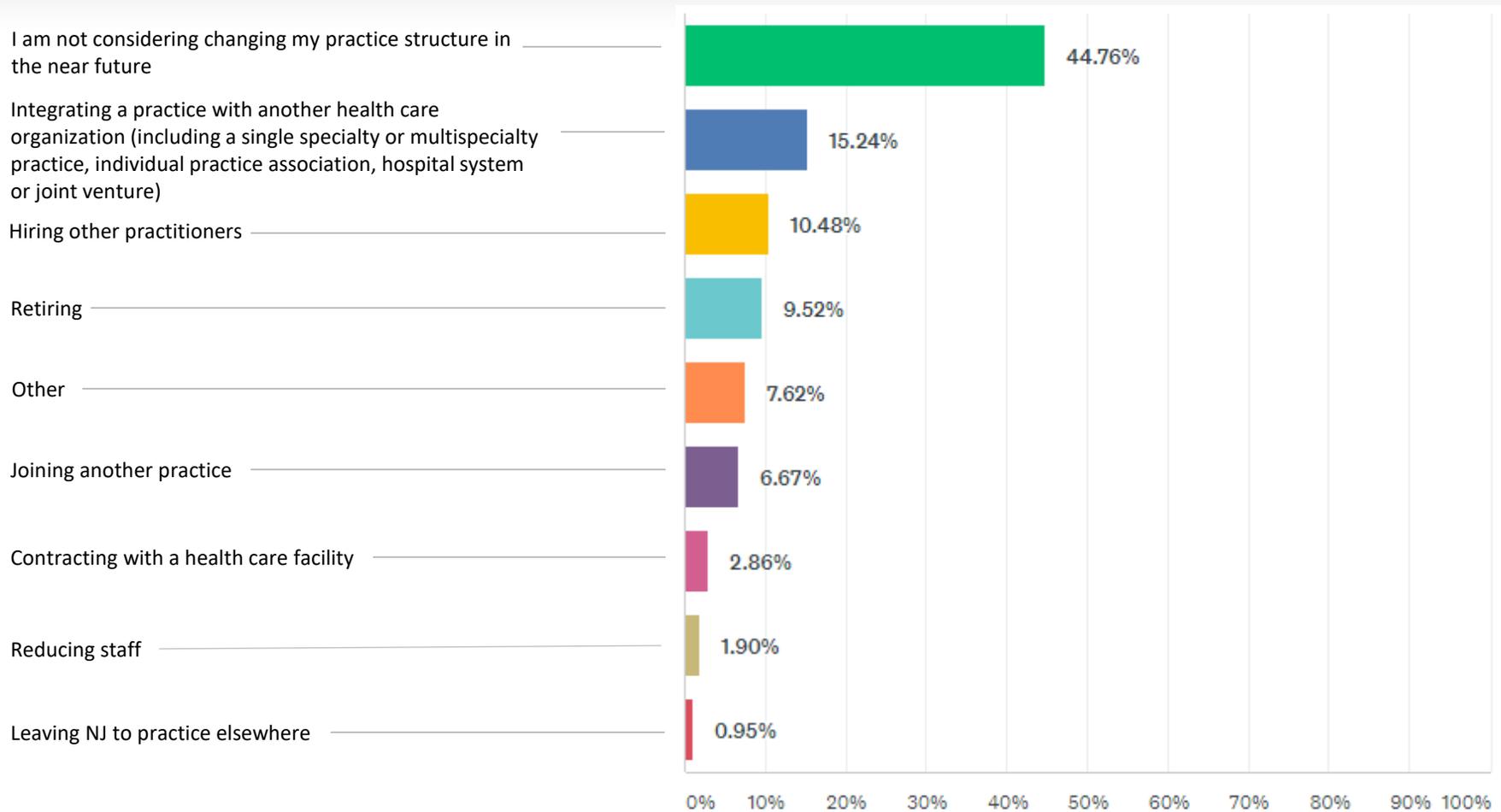
# Q4: How has your practice changed over the last year? *(select all answers that apply)*



## Q4: How has your practice changed over the last year? *“Other” responses listed below.*

- Increased staff and tech expenditures
- Left a clinic position due to inadequate EMR, reduced/inadequate support personnel, increased time pressure, pressure to see pets not within areas of expertise/parameters of hire.
- Took additional call as a hospitalist
- Stopped hospital work
- Looking at national companies for acquisition potential
- Modified specialty
- Modified my specialty
- looking to integrate with another system VS leaving state
- Plotting my exit from New Jersey: Selling Out Everything
- Working for Pharma
- New EMR for both practice and hospital (2 different ones)
- Changed specialties
- Had significant personnel turnover

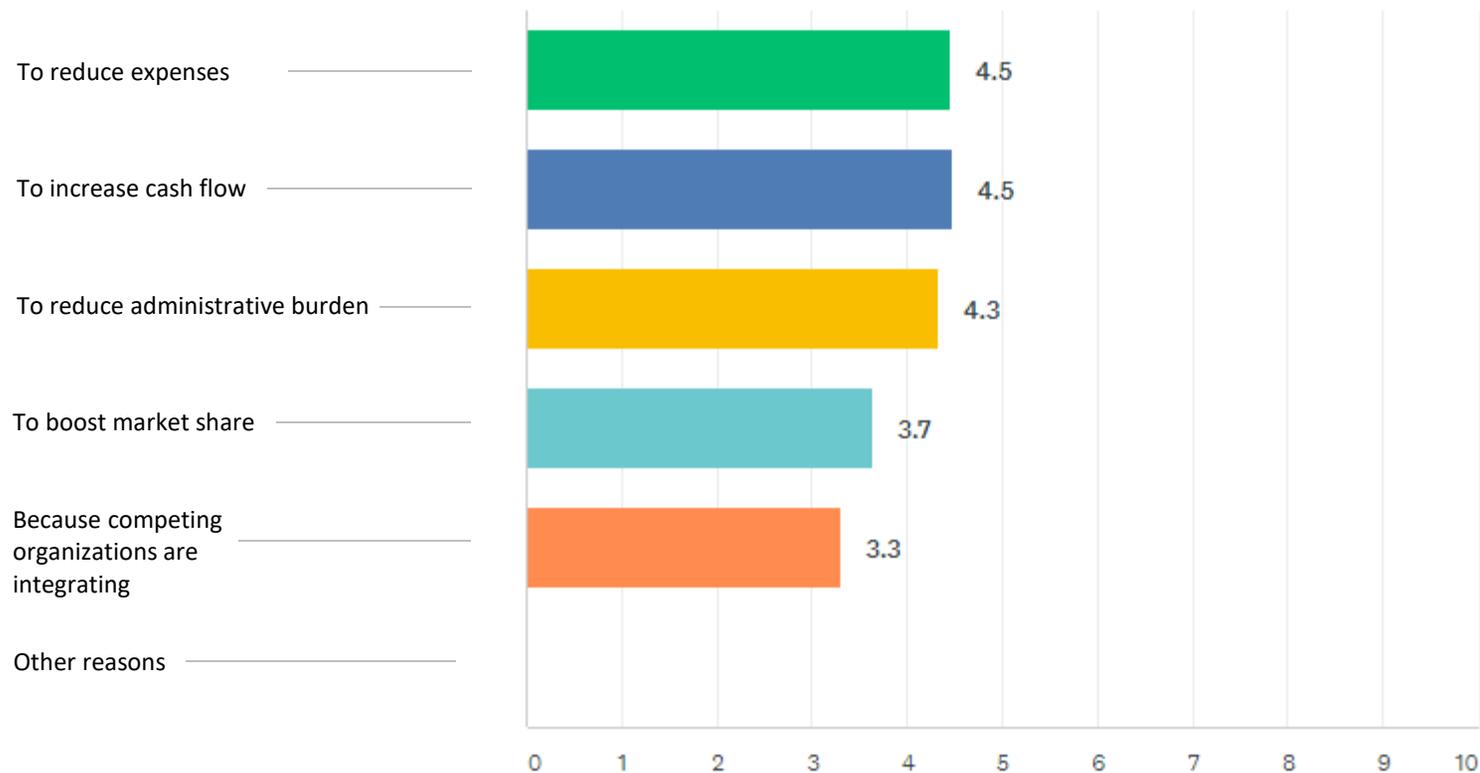
# Q5: How are you considering changing your practice structure in the near future?



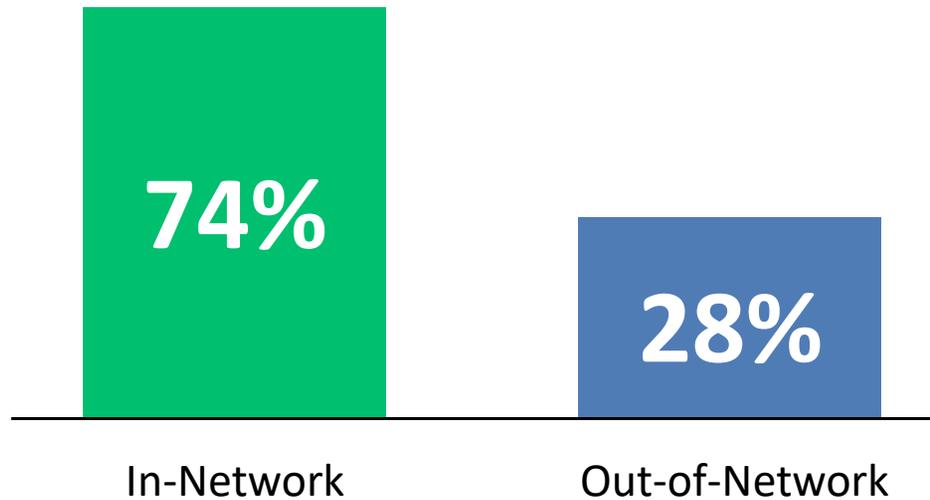
## Q5: How are you considering changing your practice structure in the near future? *“Other” responses listed below.*

- Trying to keep all options open
- With health system
- Will not take another position in the now typical extremely time pressured/high volume out pt clinic setting
- Merging individual practices into a larger group (same subspecialty)
- Becoming a full time hospitalist
- Leaving healthcare organization I work for
- I am hospital employed so have limited say in changes in practice structure
- Moving to cost center model

# Q6: If you are considering merging or otherwise modifying your practice, what is your primary reason for doing so?

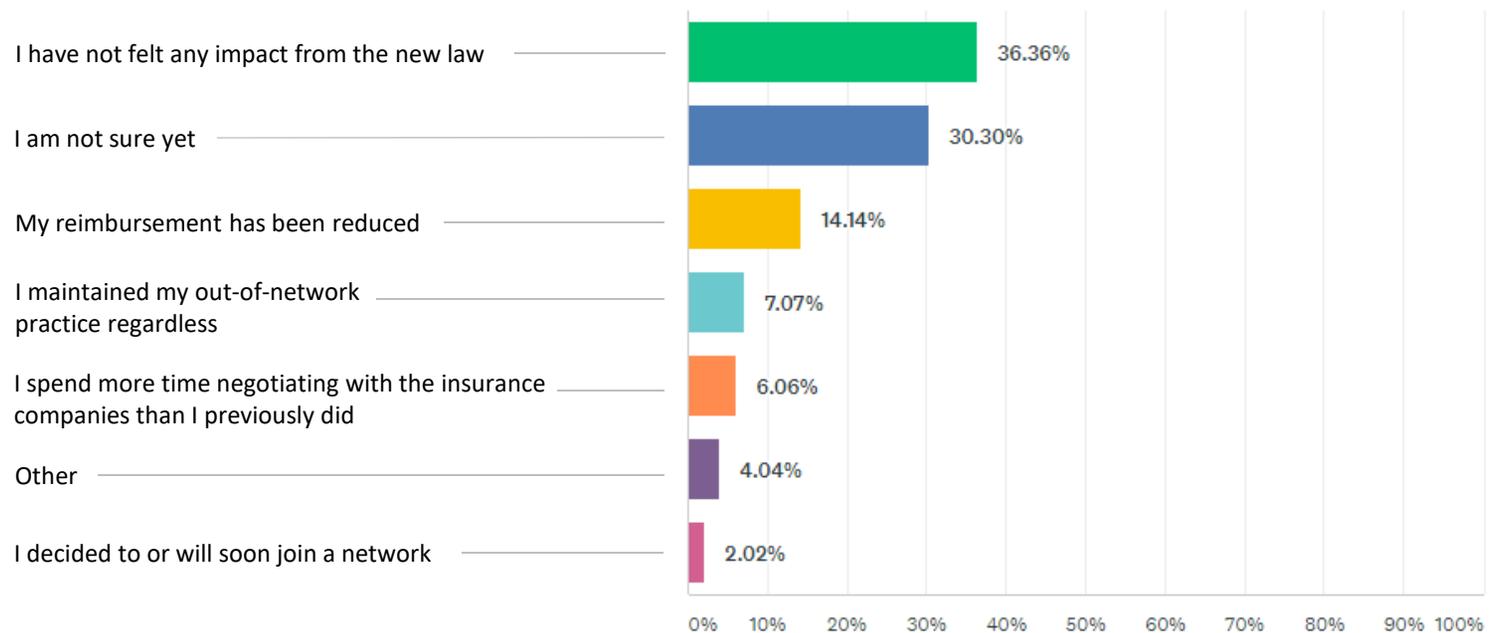


## Q7: What percentage of your billing is\*:



*\*This is an average based on the responses received.*

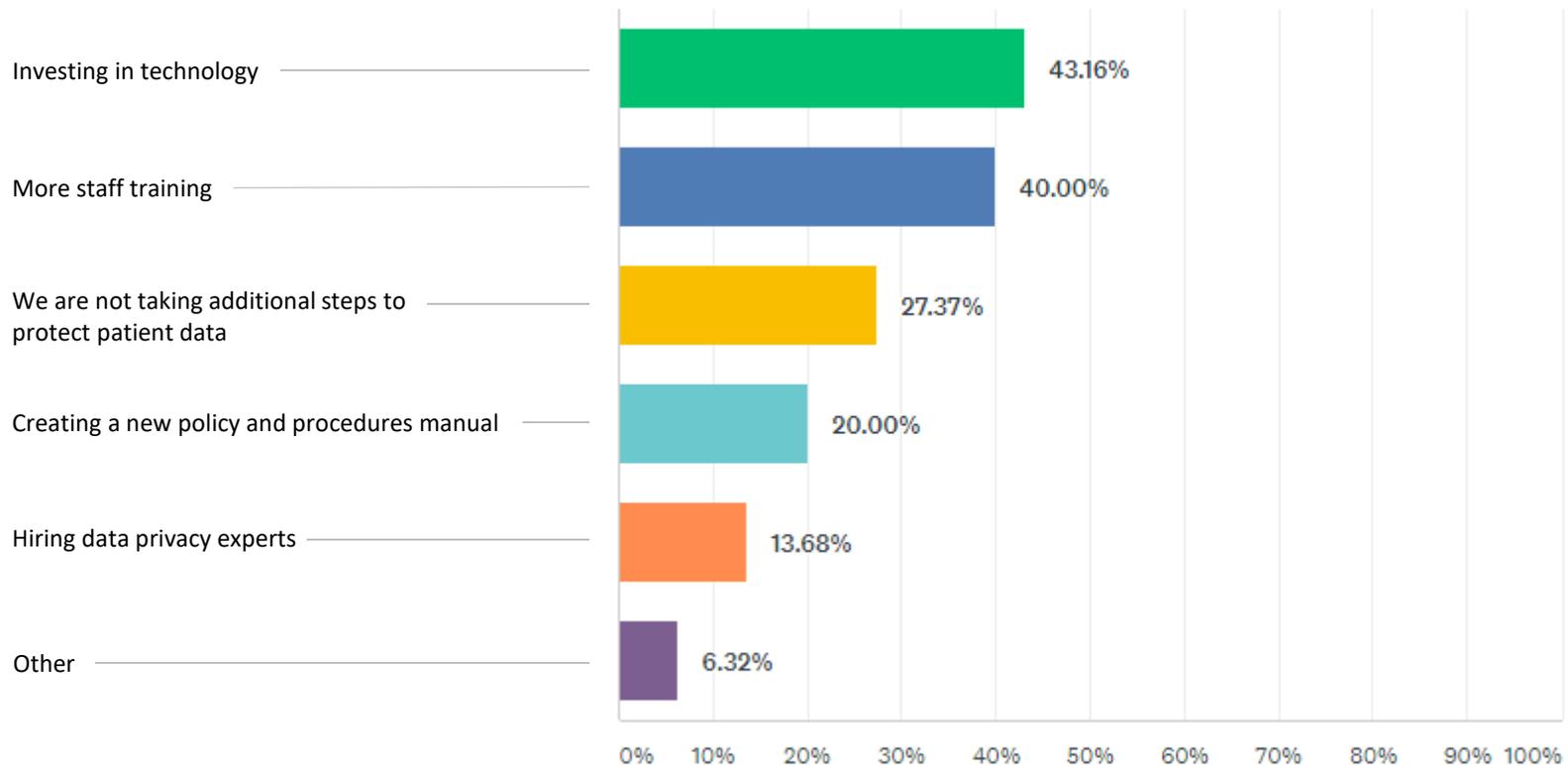
Q8: On June 1, 2018, Governor Murphy signed a bill into law that would increase transparency to consumers with regard to in-network and out-of-network health care services. Known as the “out-of-network” law, it imposes a variety of disclosure requirements on healthcare professionals, as well as requiring binding arbitration to determine payment for services if the difference between the carrier’s and provider’s final offer for reimbursement is \$1,000 or more. How has the “out-of-network” law impacted you?



## Q8: How has the “out-of-network” law impacted you? *“Other” responses listed below.*

- Not practice leadership
- Not practice leadership
- I am hospital employed so the finance department deals with payments etc.
- Insurers are reducing rates with a take it or go OON

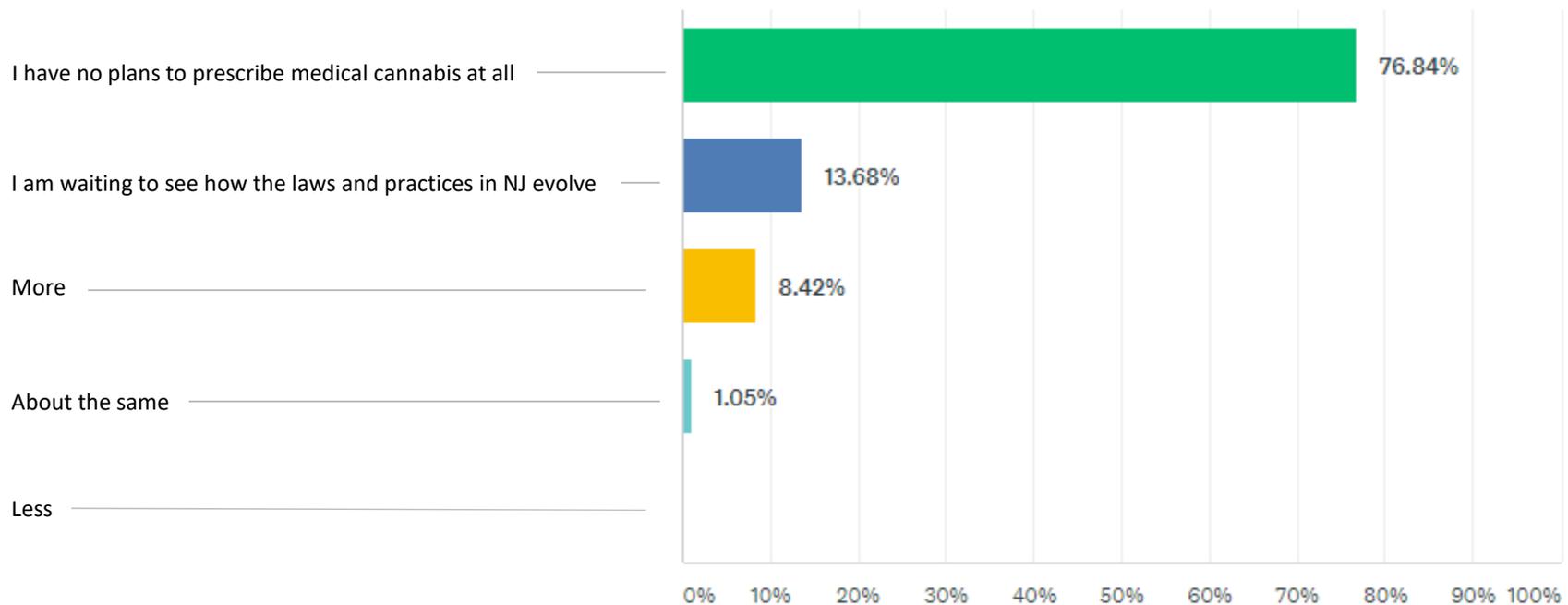
# Q9: How are you taking more steps than in the past to protect patient data/your patients' privacy? *(Select all answers that apply)*



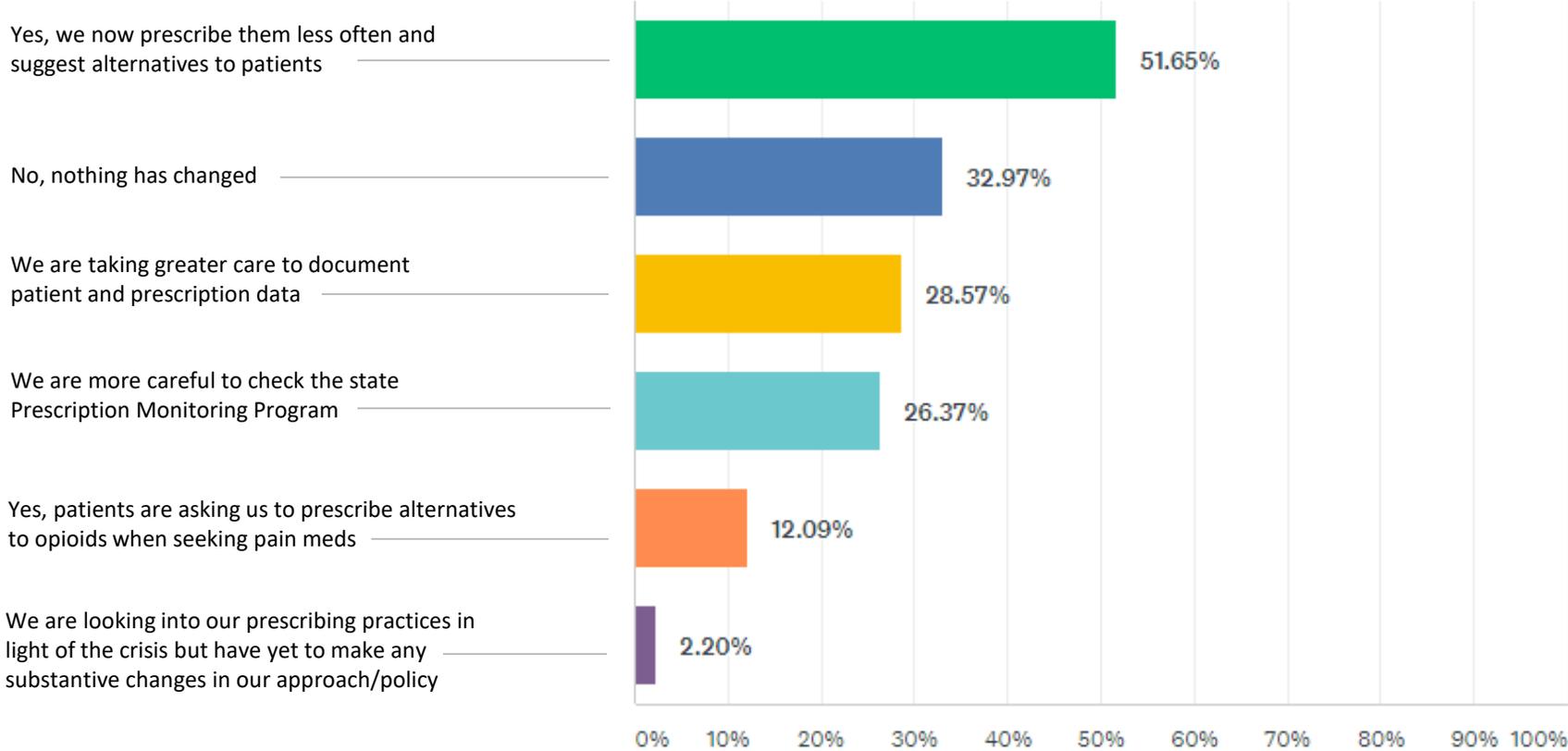
Q9: How are you taking more steps than in the past to protect patient data/your patients' privacy?  
*“Other” responses listed below.*

- Part of health system
- In private practice have never had staff, have limited pt contact to in-person/telephone, and have never used EMR, maintaining only paper records
- Employee of multispecialty practice. Administration implements above policies.
- Health system responsible
- Continue with annual IT risk assessment

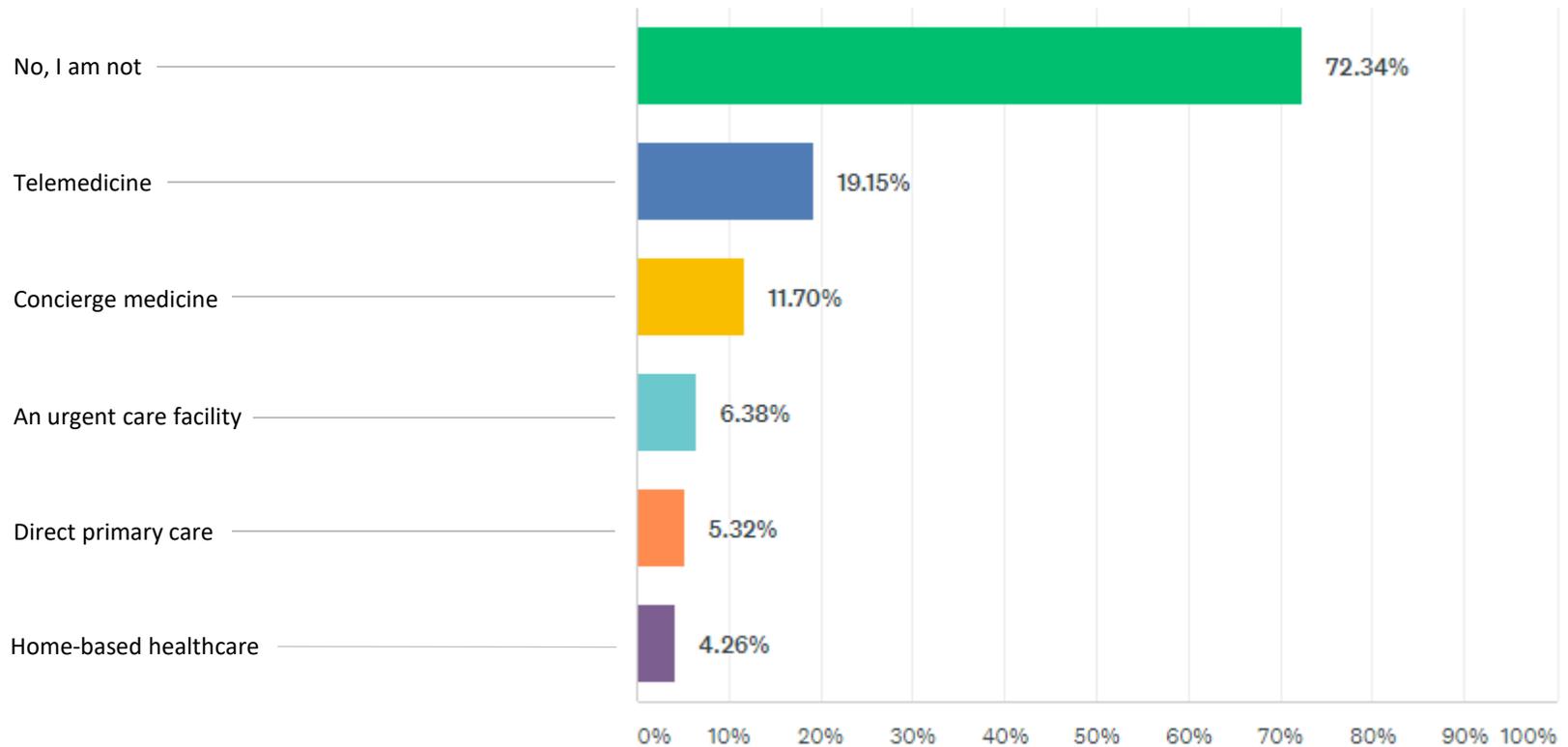
# Q10: In light of the planned expansion of medical cannabis in New Jersey, how do you plan to prescribe medical cannabis over the next year?



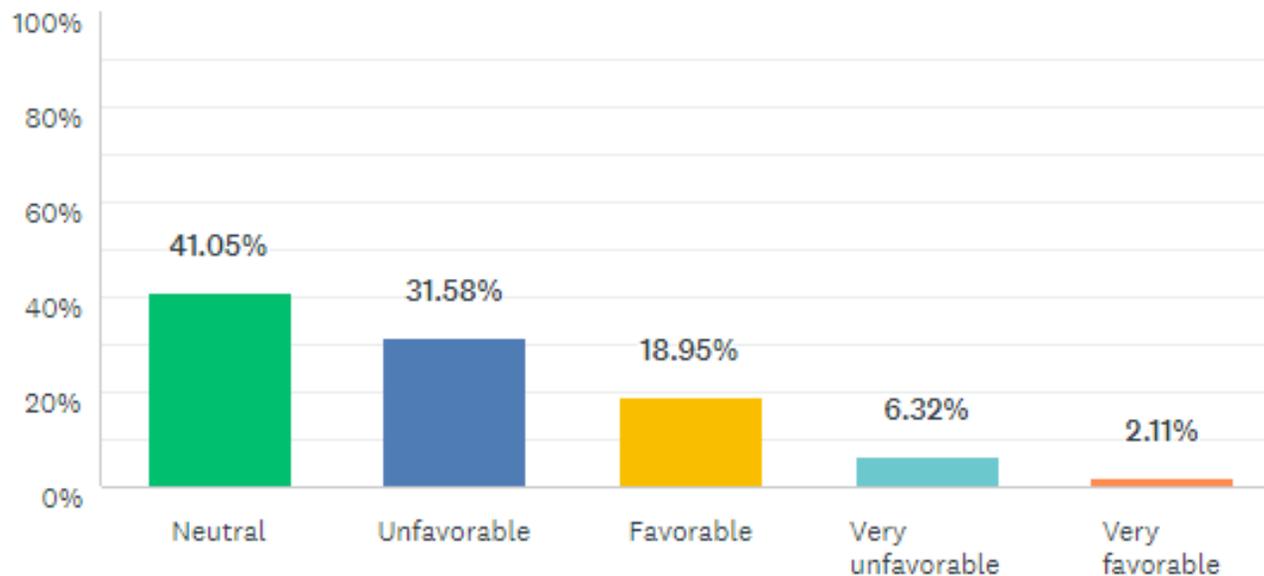
# Q11: Has the opioid crisis impacted your prescribing practices in any way? *(Select all answers that apply)*



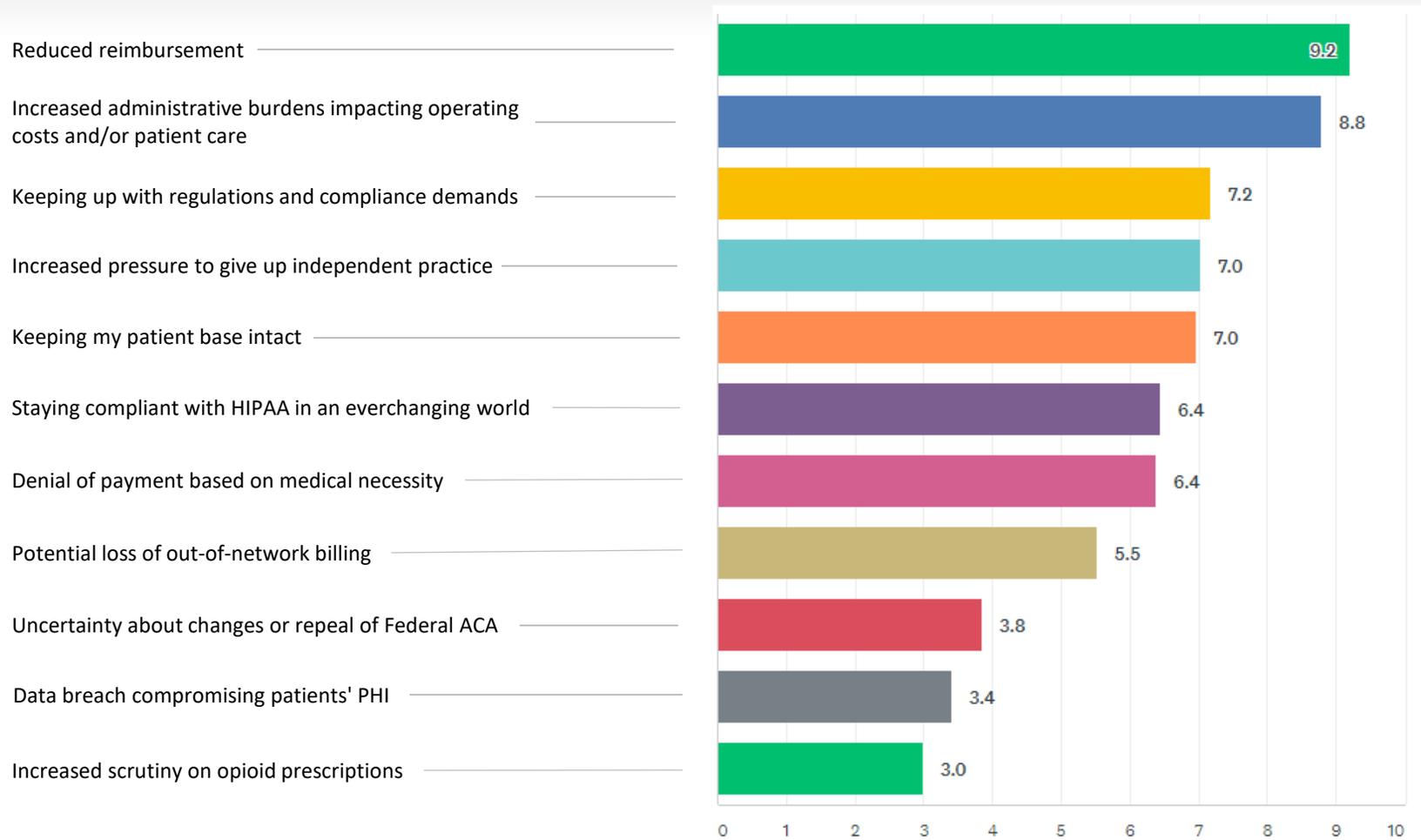
# Q12: Have you considered or are you already delivering medical care in new ways or through new outlets such as the following? *(Select all answers that apply)*



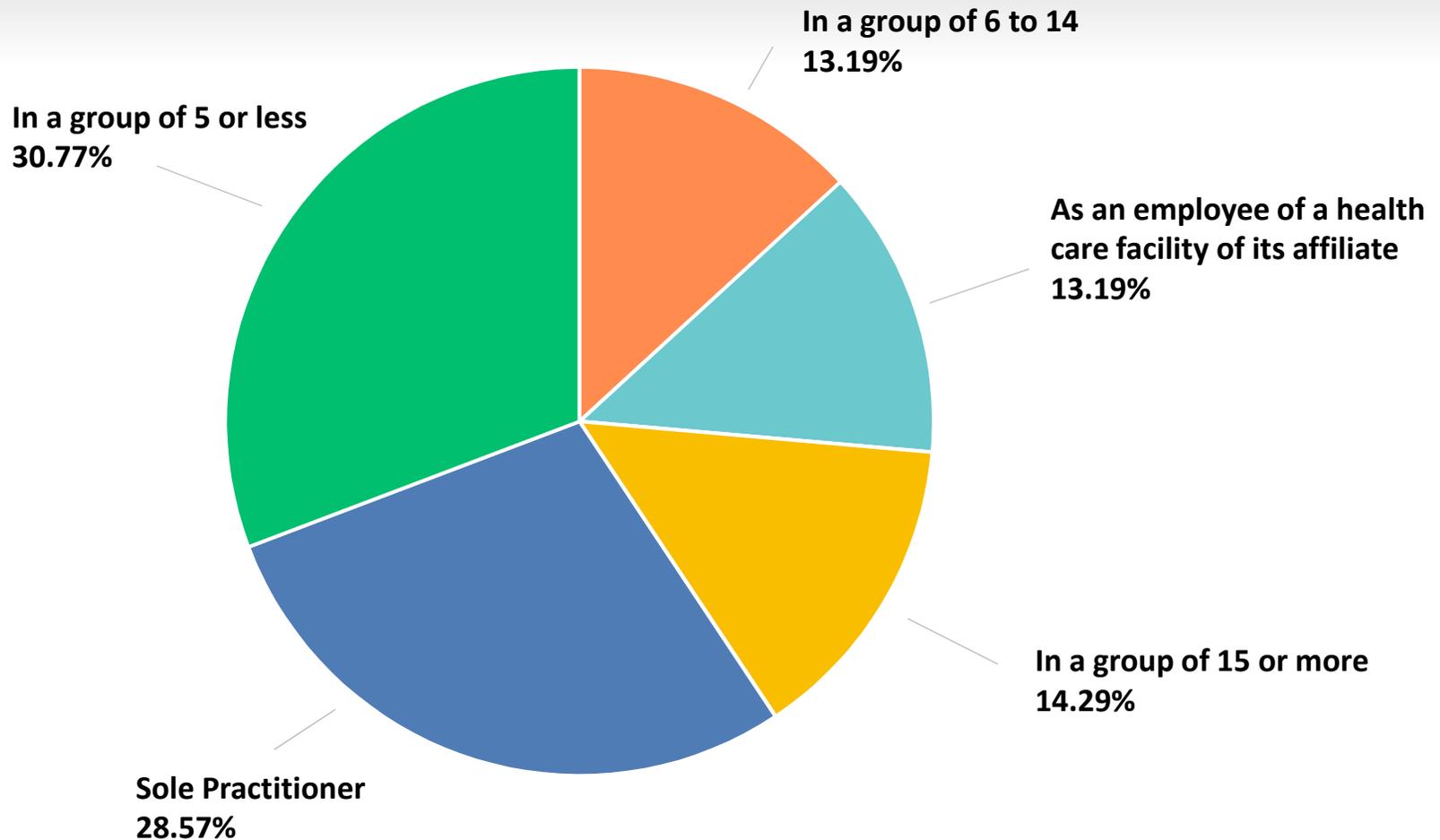
# Q13: Generally, what is your outlook concerning your medical practice for 2019?



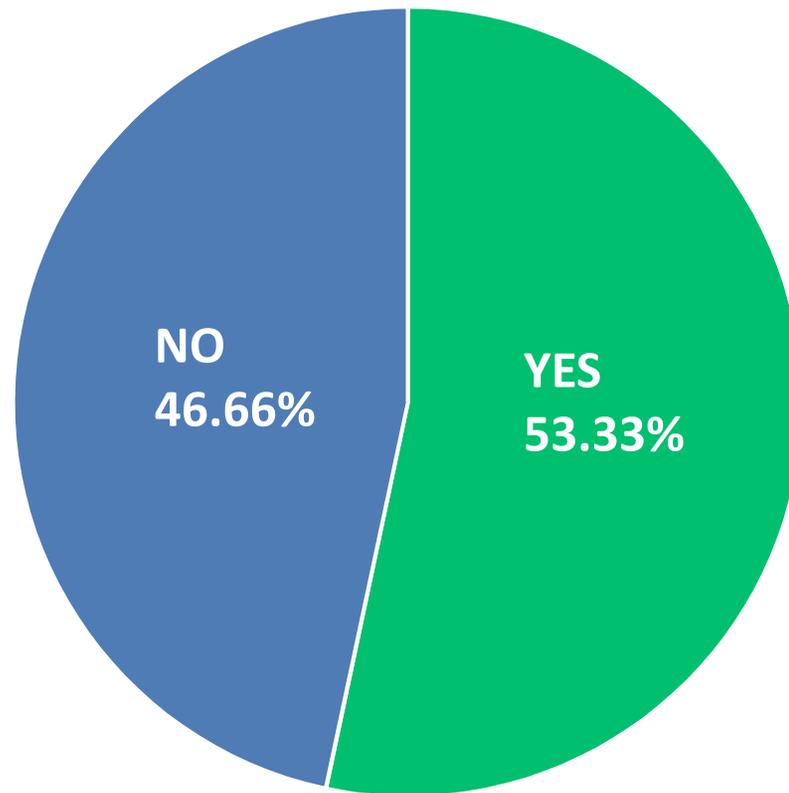
# Q14: What is your biggest concern about your practice going into 2020? Please rank your answers.



# Q15: How do you practice medicine?



Q16: Would you recommend that a young person graduating from college go into the medical profession?



## Q16: If no, why?

- Reimbursement vs time and exposure
- Unbearable outside controls
- Only if you love to take care of people
- Too much hassle
- Because like everything else, medicine is being taken over by big business, with power and compensation going increasingly to non-medical administrators while doctors continue to do the real hard work and bear the risk of caring for patients.
- Too much admin and burn out
- Huge student debt and very limited practice options
- Not fun anymore
- Increasing work, responsibility, and liability with decreasing financial compensation
- Too much regulation
- Not worth time and expense. But if no loans and decreased burden of residency/hours then not a problem.
- No practicing medicine. Everything is protocol and you are told how to practice
- Loan burden
- Loan burden
- Not worth it
- Stress
- Stressful
- Doctors are being transformed into a commodity
- Not if they are going into medicine to make money. It has to be the only career they can think of that will make them happy and fulfill their dreams, otherwise it is not worth the struggle with Administration, Insurance Companies etc.
- Unless you have an independent income....
- Pay goes down every year the only profession to do so
- Too much burden/risk with decreasing financial reward
- Waste of time, effort, and money. Go to law school instead.
- Physicians are over regulated, under paid and under appreciated
- Loss of independence has make practice a job and not a business
- Too regulated. Too little potential for future
- Only if they elect to do cosmetic work that is elective. Reimbursements and regulations continue to decrease. The future will be Hospital based care, probably owned by insurance carriers.
- Doctor-patient relationship has been undermined by insurance reimbursement requiring less time spent with patients and therefore less opportunity to connect with patients.
- Too much paper work not enough hands on with patients

# Q17: What is your area of specialization?

