



# Vermont Clinician Landscape Study Report

October 1, 2017

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# Executive Summary

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The Green Mountain Care Board administered an anonymous survey of active clinicians and conducted focus groups of active physicians in order to better understand the medical care climate in Vermont. Specifically, we were interested in learning what clinicians find most rewarding, the stressors they face in their practices, the factors that drive their employment choices, and their outlook on the profession in Vermont. After reviewing over 400 survey respondents, we identified the following key takeaways:

- Independently practicing clinicians cite strong patient relationships, the opportunity to run their own practice as well as flexibility and choice over work schedules as the factors most satisfying about their work.
- Independent clinicians are most frustrated by billing, paperwork and other administrative burdens, the uncertainty of their income, and the burdens associated with running their own practice and accessing costly technology.
- Employed clinicians are most satisfied about not having to run their own business, not being responsible for high practice costs, the opportunities to work with colleagues, and the certainty of their income in an employed setting.
- Like independent clinicians, employed clinicians find administrative burdens frustrating. They also identify the limited control they have over practice management, lack of control over their work schedule, and level of their income as frustrations.
- The top three most commonly cited threats to independent practices are regulatory and administrative burdens, health reform payment models (Federal and/or State) and Medicaid reimbursement. The same top three threats apply to employed clinicians.<sup>1</sup>
- Despite frustrations, the majority of clinicians, whether practicing independently or employed through a hospital, academic medical center, Federally Qualified Health Center (FQHC) or health clinic, are generally optimistic about their current employment and anticipate continuing to practice as they are today.

In focus group sessions, participating clinicians discussed these findings in more detail. Specifically, three focus groups were held in Middlebury, Montpelier and Burlington to learn more about the factors related to employment choice, how healthcare and payment reform efforts impact clinical practices, perceptions about the future of healthcare in Vermont, and what Vermont's health policy makers need to know about the conditions in the healthcare marketplace. After the three focus groups, it became evident that

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<sup>1</sup> The fourth most commonly cited threat for independent clinicians was commercial reimbursement and for employed clinicians was Electronic Health Records.

the issues facing clinicians in Vermont are varied and speak to the complexity of the healthcare landscape. There is not a single story of the “clinician experience” but a few key takeaways emerged:

- Independent physicians who have been practicing for many years expressed concern about the negative impact of regulatory and compliance burdens, federal and state payment reform efforts, and increasing administrative demands on their ability to remain independent and provide timely patient care.
- Clinicians who switched from independent to employed status overwhelmingly identify the increasing costs of running independent practices (e.g. malpractice insurance, electronic health record systems, and increasing administrative workforce demands) as a primary driver of their decision to leave private practice.
- Clinicians who have been employed by a hospital system or health clinic during their entire career suggested that practice start-up costs, student debt burdens, and lack of business acumen served as barriers to seeking self-employment as a physician.

# Methodology

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Between August 10, 2017 and August 22, 2017, the Green Mountain Care Board fielded an electronic survey of Vermont clinicians via SurveyMonkey. We requested distribution of the survey link through the following membership organizations:

- Vermont Medical Society
- Bi-State Primary Care
- Vermont HealthFirst

In addition, we asked the CEOs of Vermont's fourteen hospital systems to send the survey link to their network clinicians. From a total of 445 initiated surveys, we used 404 completed surveys in the analysis. Although we estimate that this survey yielded responses from approximately 20 percent of practicing clinicians in Vermont, the findings discussed in this report are derived from a convenience sample and can only be considered the opinions of the survey respondents. They may not represent the entire population of practicing clinicians in Vermont, estimated to be around 2,000.<sup>2</sup> The complete survey tool is included for reference in the Appendix.

The last question on the survey asked respondents if they would be willing to participate in a focus group session organized by the Green Mountain Care Board. Contacting those who responded yes, four focus group sessions were planned, and three were ultimately conducted. The first focus group was convened in the Middlebury area in August 2017. The second and third focus groups were held in Montpelier and Burlington respectively, during September 2017. A fourth focus group was planned for the Rutland area, but low participation forced us to cancel the session. The survey results did not yield sufficient numbers of willing participants in the regions of southern Vermont to enable us to plan a southern Vermont focus group session. Participants in the focus groups included independent clinicians, clinicians employed by an academic medical center or its networks, and clinicians employed by FQHCs or other small rural clinics. Focus groups lasted approximately 75 minutes and followed a consistent agenda with several probing questions used to launch participant discussion about their experiences as independent or employed practitioners, how their practices have changed over the years, the impact of healthcare reform initiatives on their practices, and thoughts about the future of healthcare in Vermont. It is important to note the possibility that those clinicians most frustrated and negatively impacted by recent trends in healthcare were more likely to have volunteered to participate in the focus groups, so the summary findings presented in this report may be suggestive of this selection bias.

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<sup>2</sup> Vermont Department of Health, *2014 Physician Survey Statistical Report* (February 2016); Kaiser Family Foundation, *Total Professionally Active Physicians; State Health Facts* (April 2017).

## Demographics

Surveys were completed by clinicians in every Hospital Service Area (HSA) in Vermont, although the concentration of respondents varies widely from 46 percent in the Burlington HSA to one percent in the Springfield HSA (see Table 1). Survey respondents were split between male and female (41 percent female, 57 percent male) with two percent of respondents preferring not to disclose their gender. The greatest percentage of respondents were in the 46-65 age range (25 percent in the 46-55 range, and 32 percent in the 56-65 range). Of the completed 404 surveys, 90 clinicians (22 percent) reported practicing independently, and 314 clinicians (77 percent) are employed by an academic medical center, community hospital, Federally Qualified Health Center (FQHC), or rural health center.

Table 1: Distribution of clinician respondents by Hospital Service Area

Hospital Service Area	Number of Responses	Percent
Barre	60	15%
Bennington	23	6%
Brattleboro	13	3%
Burlington	181	45%
Middlebury	7	2%
Morrisville	27	7%
Newport	4	1%
Randolph	3	1%
Rutland	15	4%
Springfield	5	1%
St Albans	29	7%
St Johnsbury	31	8%
White River Junction	6	1%

The medical specialties of respondents vary widely: 31 percent reported working in family medicine, general internal medicine, or other adult primary care, 9 percent reported working in pediatrics, with the remainder in other non-primary care specialties including anesthesiology, cardiology, dermatology, emergency medicine, gastroenterology, general surgery, hematology, infectious disease, neonatal medicine, nephrology, neurology, obstetrics and gynecology, orthopaedics, oncology, palliative medicine, psychiatry, radiology, rheumatology, urology. The majority of respondents (60 percent) work in small clinic settings of two to ten clinicians (see Table 2).

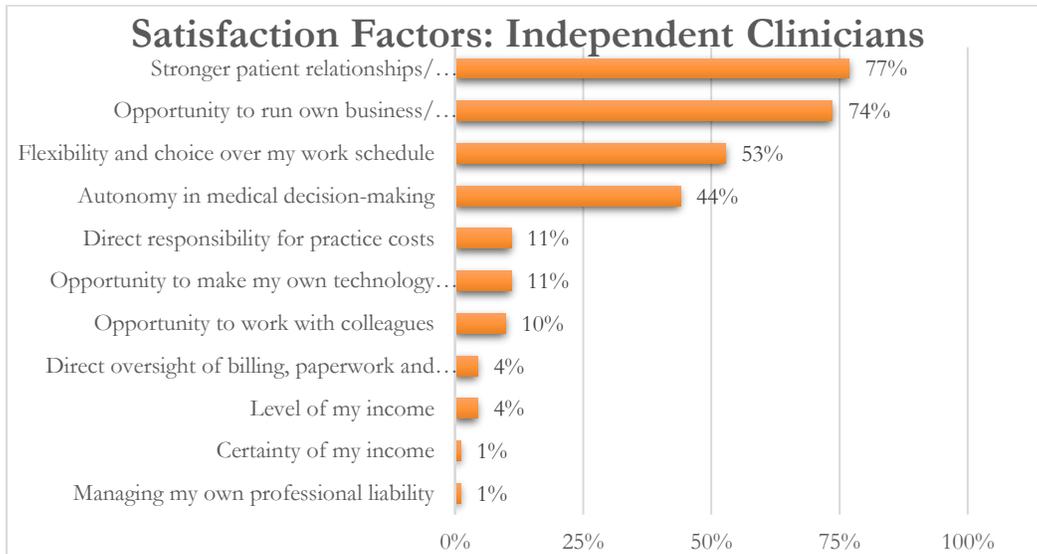
Table 2: Practice Size

Practice Size	Number of Responses	Percent
Solo	39	10%
2 – 5 Clinicians	129	32%
6 – 10 Clinicians	111	28%
11 – 30 Clinicians	61	15%
31 – 100 Clinicians	23	6%
More than 100 Clinicians	38	9%
<b>Total Responses</b>	<b>401 (99%)</b>	

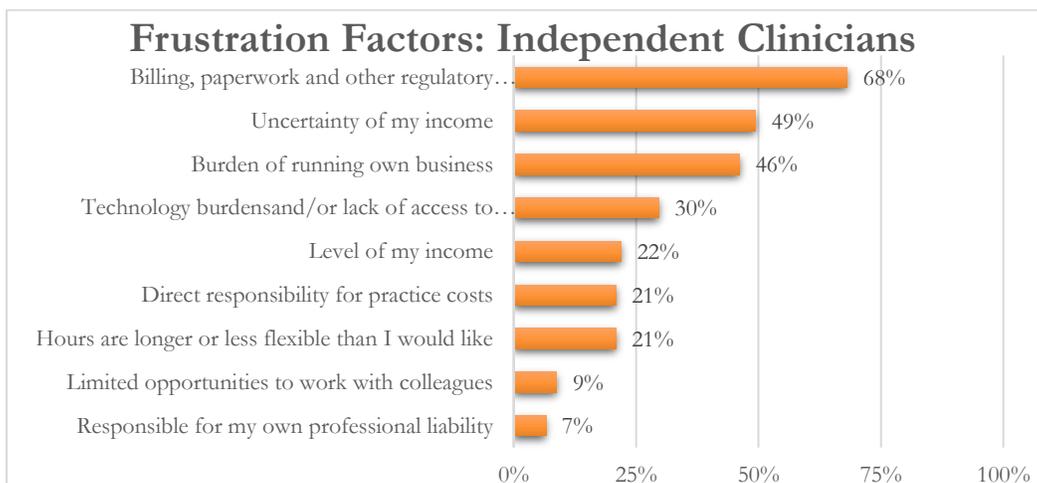
# Survey Findings

## Independently Practicing Clinicians

We asked clinicians to select the top three factors that are most satisfying as well as most frustrating about their practice. For clinicians practicing independently, the top three satisfiers are patient relationships and time with patients, the opportunity to run their own business, flexibility and choice over their work schedule, and autonomy in medical decision-making. The top factor – strong patient relationships – aligns with national findings from the Physician’s Foundation 2016 Survey of America’s Physicians.<sup>3</sup>

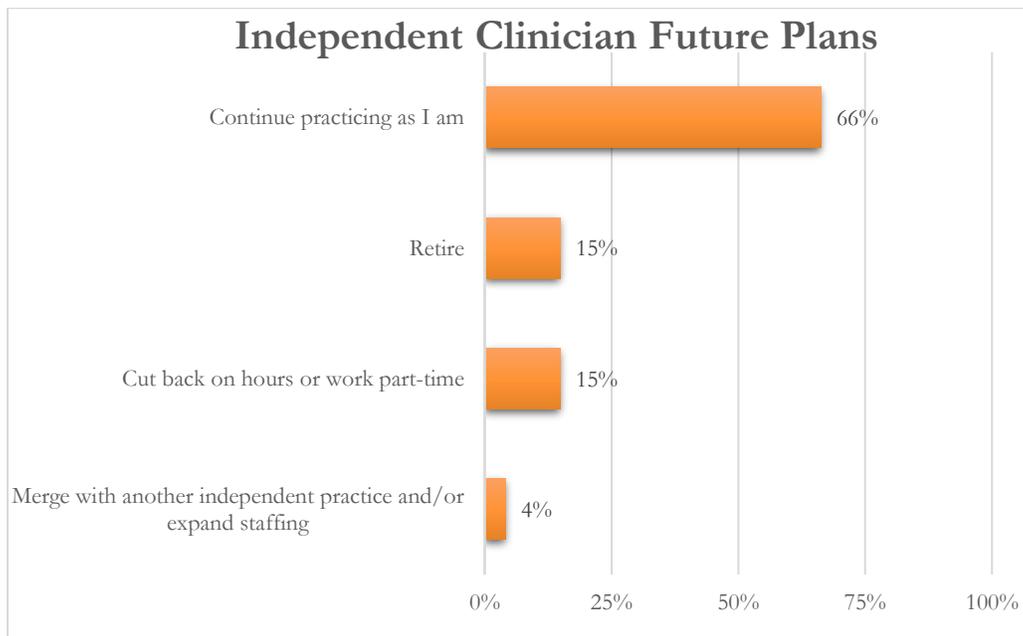
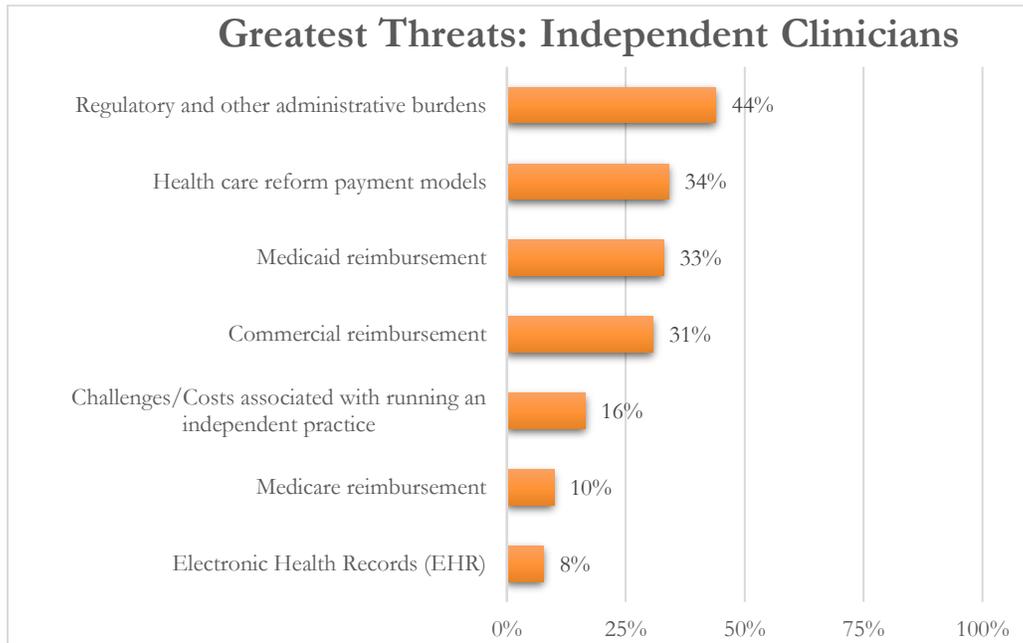


Most frustrating to independent clinicians are the billing, paperwork and other administrative burdens, the uncertainty of their income, and the burdens associated with running their own practice (including technology). Again, we find that frustrations around regulatory and paperwork burdens align with the findings nationally.



<sup>3</sup> The Physicians Foundation, *2016 Survey of America’s Physicians Practice Patterns & Perspectives: An Examination of the Professional Morale, Practice Patterns, Career Plans, and Perspectives of Today’s Physicians, Aggregated by Age, Gender, Primary Care/Specialists, and Practice Owners/Employees* (September 2016).

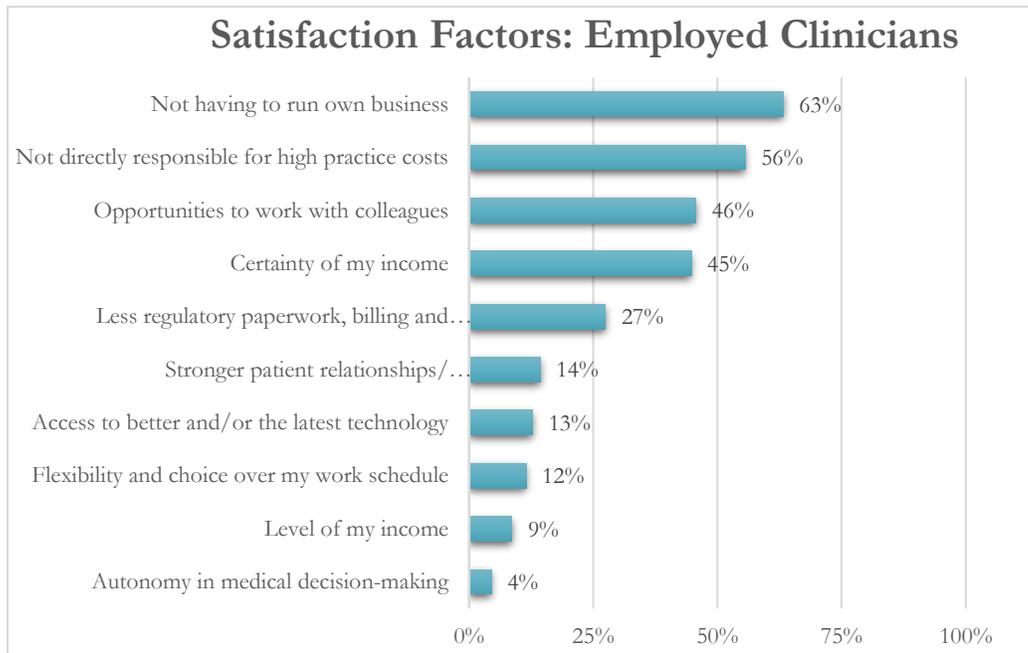
Independently practicing clinicians say that the greatest threats to their practices are regulatory and administrative burdens, healthcare reform payment models and Medicaid reimbursement. Commercial reimbursement is also cited as a threat, though below the top three. We included healthcare reform payment models as a choice when asking about threats, but we did not specify particular payment models, nor did we differentiate between state or federal reform initiatives, so perceived threats around payment reform models will need further investigation to better understand these results.



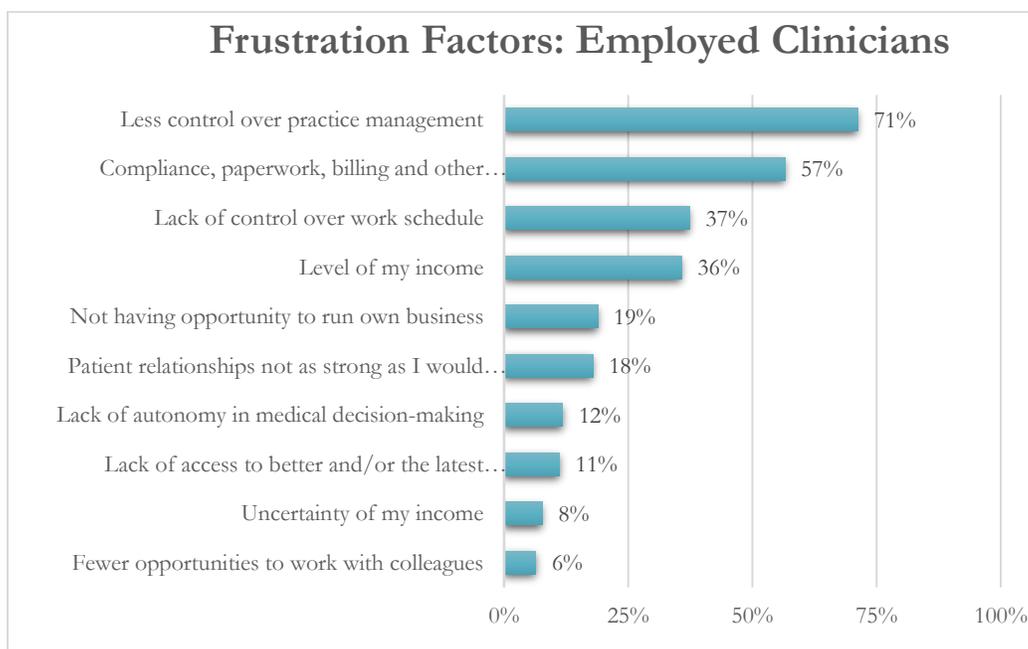
Despite the frustrations, two-thirds of independent providers plan to continue practicing as they are over the next three years, with 15 percent planning to retire and another 15 percent planning to reduce their hours.

## Clinicians Employed by an Academic Medical Center, Community Hospital, Federally Qualified Health Center, or Rural Health Center

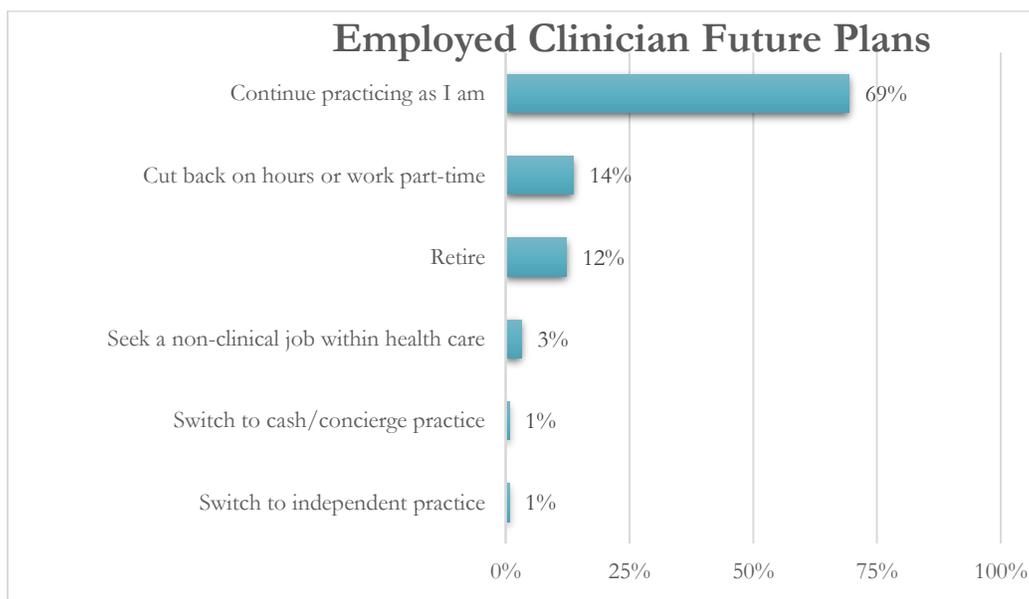
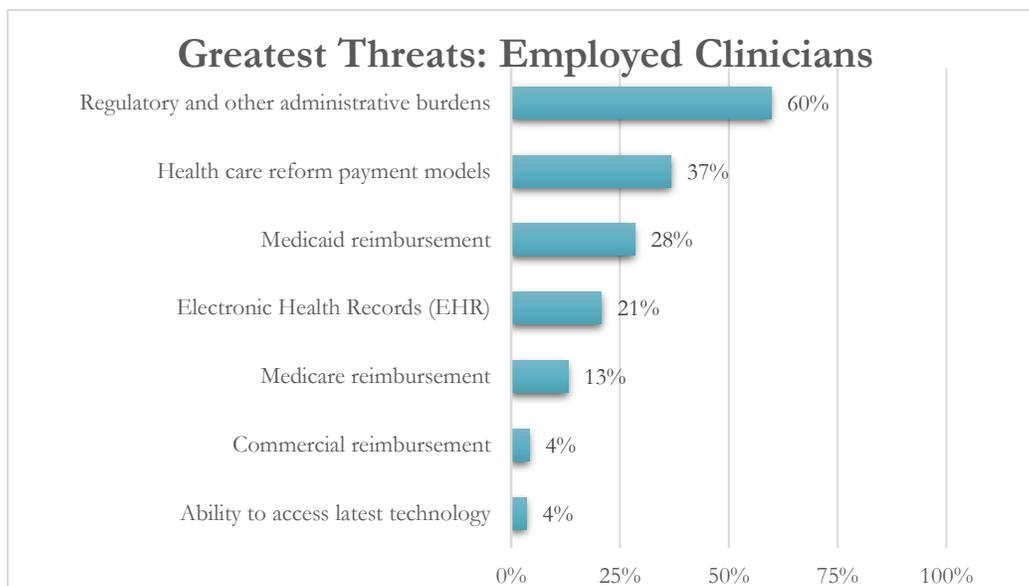
Employed clinicians are most satisfied by not having to run their own business, not being directly responsible for high practice costs, enjoying the opportunity to work with colleagues, and benefitting from the certainty of income in an employed setting.



Most frustrating to employed clinicians is their limited control over practice management, billing and other administrative burdens, lack of control over work schedules, and the level of their income.



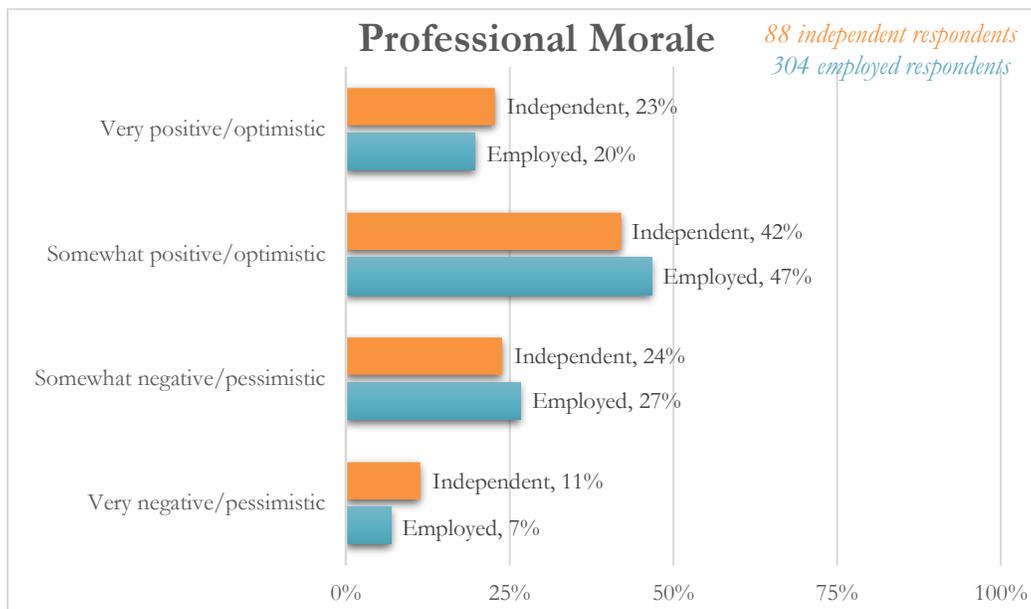
For clinicians who are employed, the top three greatest threats to the success of their practices are the same as those identified by independent clinicians: regulatory/administrative burden, federal and/or state healthcare reform payment models, and Medicaid reimbursement. Somewhat lower than the top three threats for employed clinicians is the use of electronic health records. Here again, we included healthcare reform payment models as a choice when asking about threats to employed clinicians, but we did not specify particular payment models, nor did we differentiate between state or federal reform initiatives, so perceived threats around payment reform models will need further investigation to better understand these results.



Again, despite the frustrations, almost 70 percent of employed providers plan to continue practicing as they are over the next three years, with 14 percent planning to reduce their hours and 12 percent planning to retire.

## Professional Morale

Clinicians—whether practicing independently or employed through a hospital, academic medical center, FQHC or health clinic—are generally positive and optimistic about their current employment situation, and it doesn't vary much by employment status. Notably, Vermont providers appear to be more optimistic than their national counterparts; according to the Physician's Foundation 2016 Survey of America's Physicians, only 47 percent were optimistic about their employment status and the profession,<sup>4</sup> compared to two-thirds of Vermont clinicians.



<sup>4</sup> The Physicians Foundation, *2016 Survey of America's Physicians Practice Patterns & Perspectives: An Examination of the Professional Morale, Practice Patterns, Career Plans, and Perspectives of Today's Physicians, Aggregated by Age, Gender, Primary Care/Specialists, and Practice Owners/Employees* (September 2016).

## Focus Group Findings

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Vermont clinicians discussed several rewarding aspects of practicing medicine in Vermont including direct patient care, the small-town approach to practicing medicine, and the overall collegiality found in Vermont. Interestingly, some clinicians shared that the rural nature of the state precludes opportunities to work with and learn from other colleagues; for some, there may be only one specialist serving a large geographic area and such isolation and patient responsibility can take its toll. Clinicians also spoke about care coordination and the inception of Community Health Teams (CHT) as a very positive aspect of the changing landscape of healthcare in Vermont. One clinician commented: “Community Health Teams have changed the quality of patients’ lives more than anything I could have done in 25 years [of practice]. Our social worker has helped patients find jobs, helped them get resources, helped them fill out forms.” Another clinician echoed that sentiment: “CHT is one of the best things that has happened over the past few years, and it has helped our patients in ways that we couldn’t.”

Overall, four consistent themes emerged from the focus groups in Middlebury, Montpelier, and Burlington:

1. administrative burden;
2. challenges with data systems;
3. complexities associated with payment reform and practice transformation models, and
4. declining independent practice in Vermont.

### **Administrative Burden**

For those practicing independently, the ability to care for patients “the way we want to” is seen as a major reason to stay in independent practice, despite the growing administrative, cost and practice management burdens associated with independent practice. These clinicians expressed challenges with what they see as an enormous growth in administrative burden. Many noted that independent practices cannot afford to hire the staff needed to remain in compliance with new payment models, care coordination, and state and federal mandates. Independent clinicians also expressed frustration with ever-increasing costs to own and run their practices coupled with stagnant reimbursement rates. Whether employed or independent, clinicians expressed that

*In focus groups clinicians echoed the following themes:*

- *Administrative requirements are increasingly burdensome. Data collection requirements continue to increase; clinicians are spending more time on collecting data and less time on direct patient care.*
- *Data systems are increasing in volume but still not well-coordinated and this is a growing problem in terms of direct patient care, and particularly challenging for care coordination.*
- *Payment reform and practice transformation models are viewed with cautious optimism, but questions remain around the value of quality measures, and whether quality payment structures will result in improved outcomes as intended.*
- *Physicians in small independent practices are disproportionately burdened by the costs associated with administrative, data, and payment reform requirements.*

administrative requirements are increasingly burdensome. Data collection requirements continue to grow and clinicians report spending so much time on collecting data that they have less and less time to engage in direct patient care. Some clinicians who switched from independent to employed shared that little changed in terms of administrative burden, operations, and/or flow of clinical staff. As one clinician put it: “[E]veryone’s so busy and needing to fill spaces so it’s not surprising that help isn’t shared more widely.” However, there is hope for better support for groups that join networks, and optimism that current coordination challenges and administrative burdens facing practices will improve over time in network settings.

## **Data System Challenges**

According to the clinicians interviewed, broad-sweeping efforts to move toward more comprehensive electronic medical records have led to less patient interaction and more electronic interfaces, not better coordination or better outcomes. Some expressed the challenges of coordinating care with highest-need patients, for whom records are kept in different uncoordinated systems. As one focus group respondent stated: “[I]f the patient is in the office and you could access all information immediately, that’s going to help with care.” Clinicians talked about frustration with Electronic Health Record (EHR) requirements that burden them as front-line care providers (“we’re staring at screens”), coupled with what they perceive to be an enormous amount of financial investment over many years—both at the state and local system levels—stressing that the investment should be making their jobs easier and improving care but it only continues to complicate their ability to provide care. Some clinicians expressed a desire to see one statewide EHR that allows for more seamless integration between providers, with the caveat that it must be a system “everyone” can agree to live with, use, and support.

## **Payment Reform and Practice Transformation Models**

Independent clinicians are wary of the risks associated with payment reform models, leading to increased anxiety about the sustainability of their private practices. Echoed throughout the focus groups is the need for stability in independent practices. More generally, both independent and employed focus group respondents expressed doubt about what they termed “pay for value, pay for quality, pay for outcomes,” asking for evidence to show that these changes lead to improved patient outcomes overall. Independent clinicians expressed that a shift toward pay-for-performance payment models is “insulting to us” because they already provide high quality and low-cost care. They also discussed the new Medicare MACRA/MIPS<sup>5</sup> requirements as onerous and burdensome, and expressed a desire to slow down payment reform until practice transformation efforts have more time to take hold.

Many clinicians appreciated the move toward population health, but found the concept still challenging as they contemplate how to shift their practices to achieve population health goals. Clinicians expressed frustration with accountability for population health goals while still operating in a fee-for-service

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<sup>5</sup> MACRA is the Medicare Access and CHIP Reauthorization Act, signed into law in 2015; MIPS is the Merit-based Incentive Payment System. More information can be found about these programs on the Centers for Medicare & Medicaid Services’ (CMS) website: <https://qpp.cms.gov/>.

system. As one clinician stated: “There’s nothing in place to support population health because the whole system is set up for fee-for-service.”

## **Declining Independent Practice in Vermont**

Independent clinicians shared common frustrations in the burdens they face. As one clinician put it, “There’s no future for private practice in Vermont if we keep going the way we’re going. There’s so much added expense now and administrative burden that requires additional staff to fulfill.” Another physician said: “If you put private practice at risk with these payment reform efforts, practices are going to close. Burden is so hard and we will lose primary care. Stability is key.”

The independent clinicians explained that they make their independent practices survive by keeping longer hours, seeing more patients, and being readily available to patients over evenings and weekends. However, they also expressed worry that this trajectory is not sustainable. They talked about their deep concern over the ability to recruit new physicians to their practices, in part because they cannot offer competitive compensation and that they feel they are in a perpetual cycle of cutting costs wherever and whenever possible. One physician expressed his concerns for the future: “It is frustrating feeling like you are an endangered species, and you are going to be prehistoric pretty soon.” Overwhelmingly, the clinicians spoke to their desire to see private practices survive because it’s a good thing for Vermont, the independent practice model is good for the community, and independent clinicians provide an alternative to the larger hospital-based system. The clinicians expressed pride in their ability to keep patient wait times to a minimum relative to what they observe in larger systems, and see this is a function of their independence. They universally acknowledge that academic medical centers and hospital systems are necessary, but, that so too are smaller, independent practices.

## **Considerations for the Future**

When asked what Vermont’s health policy makers could consider to address the frustrations associated with the changing landscape of healthcare in Vermont, focus group respondents offered the following thoughts:

- Make wait times for appointments with physicians the primary “vital sign of the health of the medical system.”
- Practicing in Vermont should be as minimally onerous as possible. New requirements at the federal level affect all states, but Vermont could improve workforce marketability by easing and simplifying healthcare administrative requirements.
- Break down the barriers of referrals.
- Be careful about cutting costs and increase services at the same time.
- Slow down payment reform until practice transformation efforts have time to take hold.
- Streamline electronic health record systems.
- Change needs to be collaborative.
- More uniformity among payers would go a long way toward reducing the expense and hassle of reforms and improve small practice sustainability.

## Appendix: Clinician Landscape Survey Tool

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The Green Mountain Care Board is conducting a brief on-line survey of Vermont providers to better understand the medical care climate in Vermont. We fully recognize that you are approached in numerous ways to provide data and information; we do not mean to burden you with this request or cause time away from direct care and service, BUT WE NEED YOUR HELP.

**Please respond to this survey by **Friday August 18, 2017.****

**Click here to access the survey.**

The survey should take less than 10 minutes to complete. Responses are anonymous. The survey does not require you to identify yourself. If you have any questions about the survey, please contact Kathryn O'Neill, Payment Reform Program Evaluator at the Green Mountain Care Board, at (802)-272-8602, or [kathryn.oneill@vermont.gov](mailto:kathryn.oneill@vermont.gov). We very much hope that you will participate in this important effort.

### ***Tell us about yourself and your practice***

1. What is your age?

- 
- |  |                                  |                                      |
|--|----------------------------------|--------------------------------------|
| <input type="checkbox"/> 35 or younger | <input type="checkbox"/> 46 – 55 | <input type="checkbox"/> 66 or older |
| <input type="checkbox"/> 36-45         | <input type="checkbox"/> 56-65   |                                      |

2. What is your Gender?

- 
- |                                 |                               |  |
|---------------------------------|-------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Prefer not to say |
|---------------------------------|-------------------------------|--|

3. What is your medical specialty?

- 
- |  |                                     |                                |
|--|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Family Medicine,<br>General Internal<br>Medicine, Other Adult<br>Primary Care | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Other |
|--|-------------------------------------|--------------------------------|

4. What is the size of the practice where you spend the majority of your time?  
(if you are part of a network, do not include the entire network in your response.)

- 
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Solo           | <input type="checkbox"/> 6-10 clinicians  | <input type="checkbox"/> 31-100 clinicians        |
| <input type="checkbox"/> 2-5 clinicians | <input type="checkbox"/> 11-30 clinicians | <input type="checkbox"/> More than 100 clinicians |

5. In which Hospital Service Area (HSA) do you spend the majority of your time serving patients?  
(check one that best applies)

- 
- |                                     |                                       |   |                                      |
|-------------------------------------|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Barre      | <input type="checkbox"/> Bennington   | <input type="checkbox"/> Brattleboro          |                                      |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Middlebury   | <input type="checkbox"/> Morrisville          |                                      |
| <input type="checkbox"/> Newport    | <input type="checkbox"/> Randolph     | <input type="checkbox"/> Rutland              | <input type="checkbox"/> Springfield |
| <input type="checkbox"/> St Albans  | <input type="checkbox"/> St Johnsbury | <input type="checkbox"/> White River Junction |                                      |

6. What is your current professional status?

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- Owner, partner, or associate in an independent private practice
- Employed by a community hospital
- Employed by an academic medical center
- Employed by a Federally Qualified Health Center (FQHC), rural health clinic, or other small health system

### **Independent Clinicians**

**NOTE:** Only respondents who selected *Owner, partner, or associate in an independent private practice* to the above question #6 received the following questions in this section.

7. About how many years have you been an independent clinician?

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- Scale Range from 0-50

8. Select the top three (3) factors that are the most satisfying to you about your decision to be an independent clinician.

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- Opportunity to run own business/Autonomy over how practice is managed (hiring decision, location choice, etc.)
- Flexibility and choice over my work schedule
- Direct responsibility for practice costs (malpractice insurance, electronic health record (EHR) purchase, etc.)
- Managing my own professional liability
- Certainty of my income
- Level of my income
- Autonomy in medical decision-making
- Stronger patient relationships/ability to spend time with patients
- Direct oversight of billing, paperwork and other administrative responsibilities
- Opportunity to make my own technology decisions (electronic health records, technology adoption, etc.)
- Opportunity to work with colleagues (intellectual stimulation)
- Other (please specify)

9. Select the top three (3) factors that are the most frustrating to you about your decision to be an independent clinician.

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- Burden of running own business (hiring decisions, compliance, practice management, etc.)
- Hours are longer or less flexible than I would like
- Autonomy in medical decision-making
- Responsible for my own professional liability
- Uncertainty of my income
- Level of my income

- 
- Direct responsibility for practice costs (malpractice insurance, electronic health record (EHR) purchase, etc.)
  - Billing, paperwork and other regulatory and administrative burden
  - Patient relationships not as strong as I would like/lack of time with patients
  - Technology burdens (purchasing, managing, maintaining technological advances) and/or lack of access to the latest technology
  - Limited opportunities to work with colleagues (lack of intellectual stimulation)
  - Other (please specify)

10. In your opinion, what are the top two (2) greatest threats to the success of your independent practice?

- 
- Medicaid reimbursement
  - Medicare reimbursement
  - Commercial reimbursement
  - Electronic Health Records (EHR)
  - Challenges/Costs associated with running an independent practice (malpractice insurance, hiring/retention of staff)
  - Health care reform payment models
  - Regulatory and other administrative burdens
  - Ability to access latest technology
  - N/A
  - Other (please specify)

11. In the next three years do you plan to:

- 
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Continue practicing as I am         | <input type="checkbox"/> Retire                                     | <input type="checkbox"/> Seek employment with a hospital or FQHC                        |
| <input type="checkbox"/> Cut back on hours or work part-time | <input type="checkbox"/> Seek a non-clinical job within health care | <input type="checkbox"/> Merge with another independent practice and/or expand staffing |
| <input type="checkbox"/> Other (please specify)              |   |   |

In the past, have you been employed by a hospital or other health system?

- 
- |                             |  |
|-----------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> yes (if yes, why did you switch to being an independent clinician?) |
|-----------------------------|--|

### **Employed Clinicians**

**NOTE:** Respondents who selected one of the three *Employed* choices to the above question #6 received the following questions in this section.

7. About how many years have you been an employed clinician?

- 
- Scale Range from 0-50

8. Select the top three (3) factors that are the most satisfying to you about your decision to be an independent clinician.

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- Not having to run own business (staffing, compliance, etc.)
- Flexibility and choice over my work schedule
- Not directly responsible for high practice costs (malpractice insurance, electronic health record (EHR) purchase, etc.)
- Certainty of my income
- Level of my income
- Autonomy in medical decision-making
- Stronger patient relationships/ability to spend time with patients
- Less regulatory paperwork, billing and other administrative burden
- Access to better and/or the latest technology
- Opportunities to work with colleagues (intellectual stimulation)
- Other (please specify)

9. Select the top three (3) factors that are the most frustrating to you about your decision to be an employed clinician.

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- Not having opportunity to run own business (hiring decisions, practice management, etc.)
- Lack of control over work schedule
- Less control over practice management (hiring decisions, technology adoption, etc.)
- Uncertainty of my income
- Level of my income
- Lack of autonomy in medical decision-making
- Patient relationships not as strong as I would like/Lack of time with patients
- Compliance, paperwork, billing and other administrative burden
- Lack of access to better and/or the latest technology
- Fewer opportunities to work with colleagues (intellectual stimulation)
- Other (please specify)

10. In your opinion, what are the top two (2) greatest threats to the success of your practice?

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- Medicaid reimbursement
- Medicare reimbursement
- Commercial reimbursement
- Electronic Health Records (EHR)
- Health care reform payment models
- Regulatory and other administrative burdens
- Ability to access latest technology
- N/A
- Other (please specify)

11. In the next three years do you plan to:

- 
- Continue practicing as I am       Retire       Switch to independent practice  
 Switch to cash/concierge practice       Cut back on hours or work part-time       Seek a non-clinical job within health care  
 Other (please specify)

In the past, have you been an independent clinician (not employed by a hospital or other health system)?

- 
- No       yes (if yes, why did you switch to being employed?)

### ***Satisfaction with current practice situation***

12. Which best describes your professional morale and your feelings about your current employment?

- 
- very positive/optimistic       somewhat positive/optimistic  
 somewhat negative/pessimistic       very negative/pessimistic

Please Explain

To what extent do you agree with the following statement? Hospital employment of physicians is a positive trend likely to enhance quality of care and decrease costs.

- 
- Mostly agree       Somewhat agree  
 Somewhat disagree       Mostly disagree

13. What else would you like to share?

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14. Are you interested in participating focus group of Vermont clinicians organized by the Green Mountain Care Board?

- 
- No  
 Yes, I will send you my contact information separately via email to [GMCB.Board@vermont.gov](mailto:GMCB.Board@vermont.gov)  
 Yes, here is my contact information.  
(If you click this option, your response to this survey will not be anonymous.)

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Thank you!