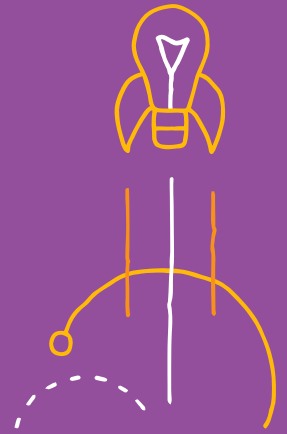


NCMB Licensee Survey Results

July 2018



- NCMB selected a random sample of 10,146 licensees to invite to participate.
- McKinney/ATOMCK sent email invitations and created affinity links for the following additional organizations:
 - NC Medical Society
 - Old North State Medical Society
 - NC Osteopathic Medical Association
 - NC Academy of Physician Assistants
 - NC Academy of Family Physicians
 - Medical Mutual
- 2,661 Total Respondents (including partial responses)
- Data collected and analyzed by members of the McKinney/ATOMCK team

North Carolina Medical Board (NCMB) Licensee Survey

Thank you for your time in taking this survey. This is an anonymous survey that is being distributed on behalf of the NC Medical Board (NCMB). Information collected will not be associated with any identifying information.

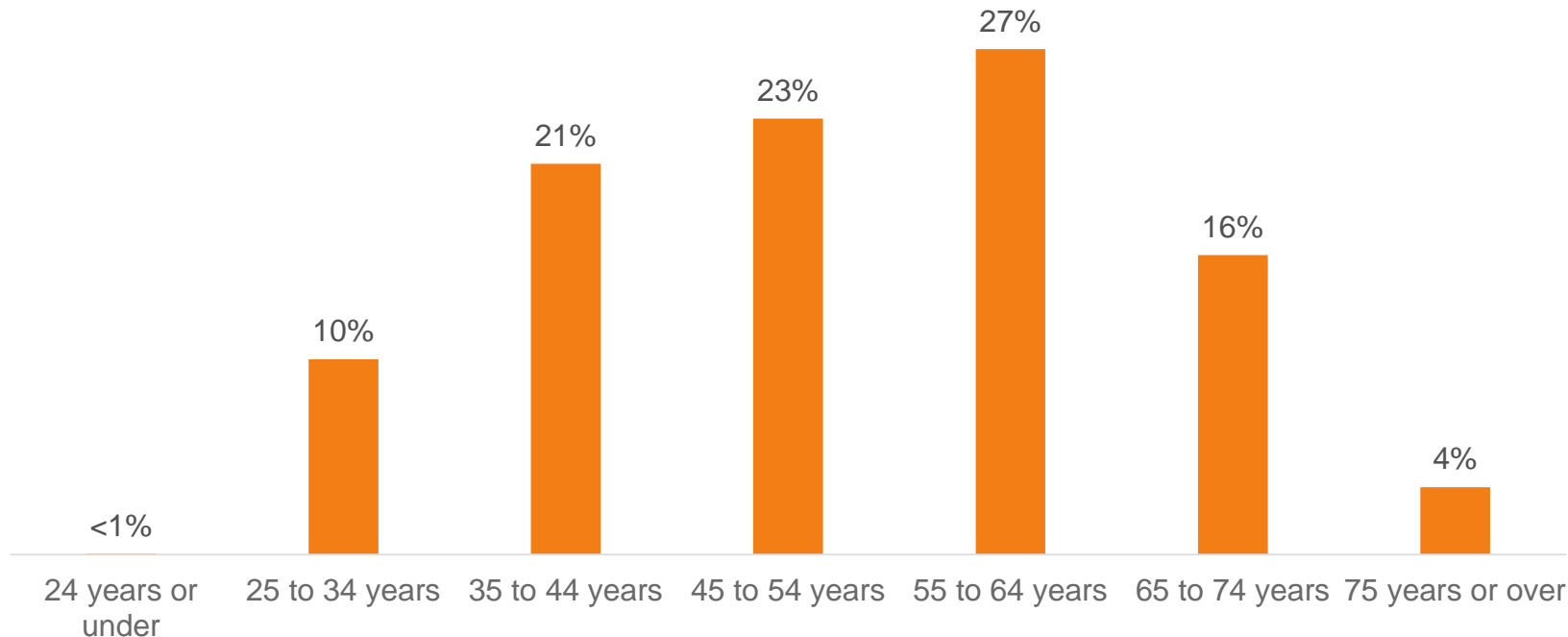
NCMB will use information from this survey to identify opportunities to better understand important issues affecting licensees in North Carolina. Responses to this survey **will remain anonymous**.

Your candid responses are important, so please answer each question openly and honestly.

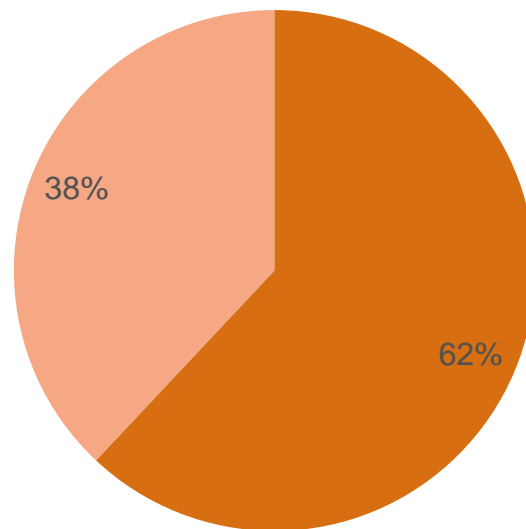
-
- Demos
 - Challenges Facing Licensees
 - Burnout
 - Addressing the Opioid Crisis
 - Incorporating Telemedicine
 - Interactions With NCMB
 - Better Serving Patients
 - Better Serving Licensees

Demos

Most respondents are between the ages of 35 and 64; with an average age of ~52

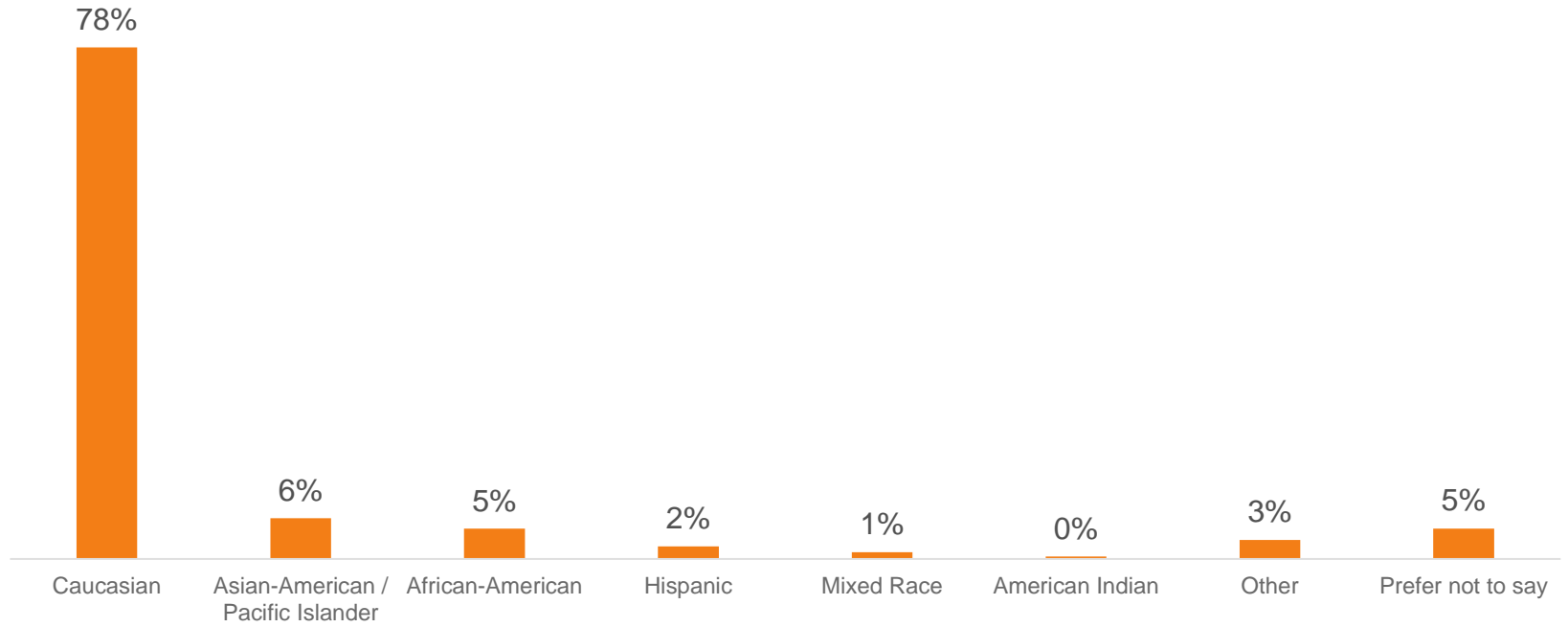


Respondent Gender – ~60/40 male and female split

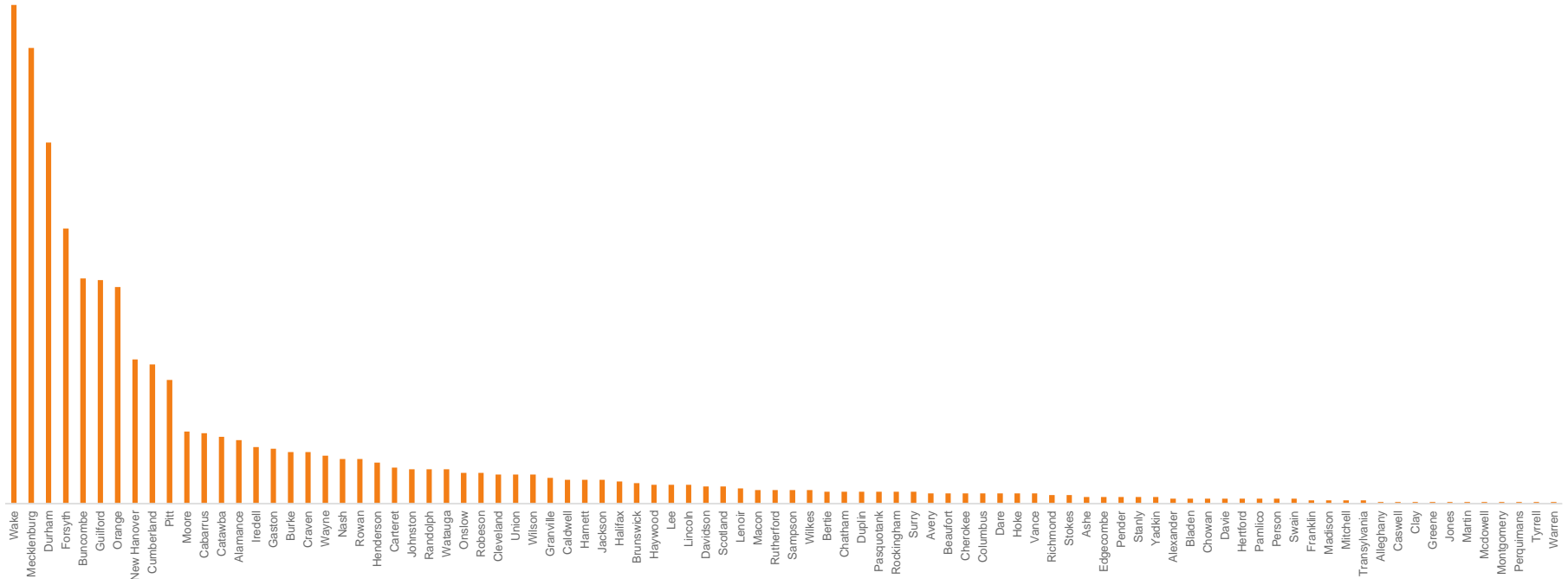


■ Male ■ Female

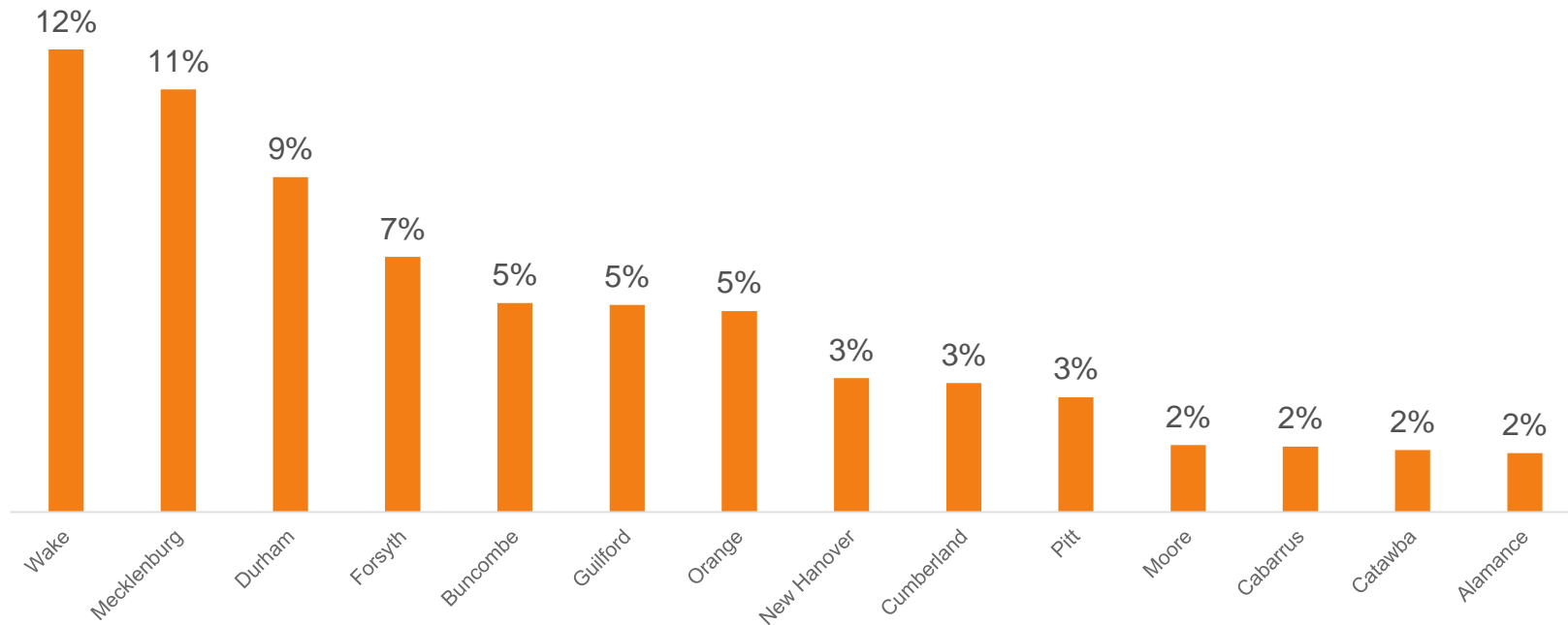
Ethnicity of Respondents – Skews Caucasian



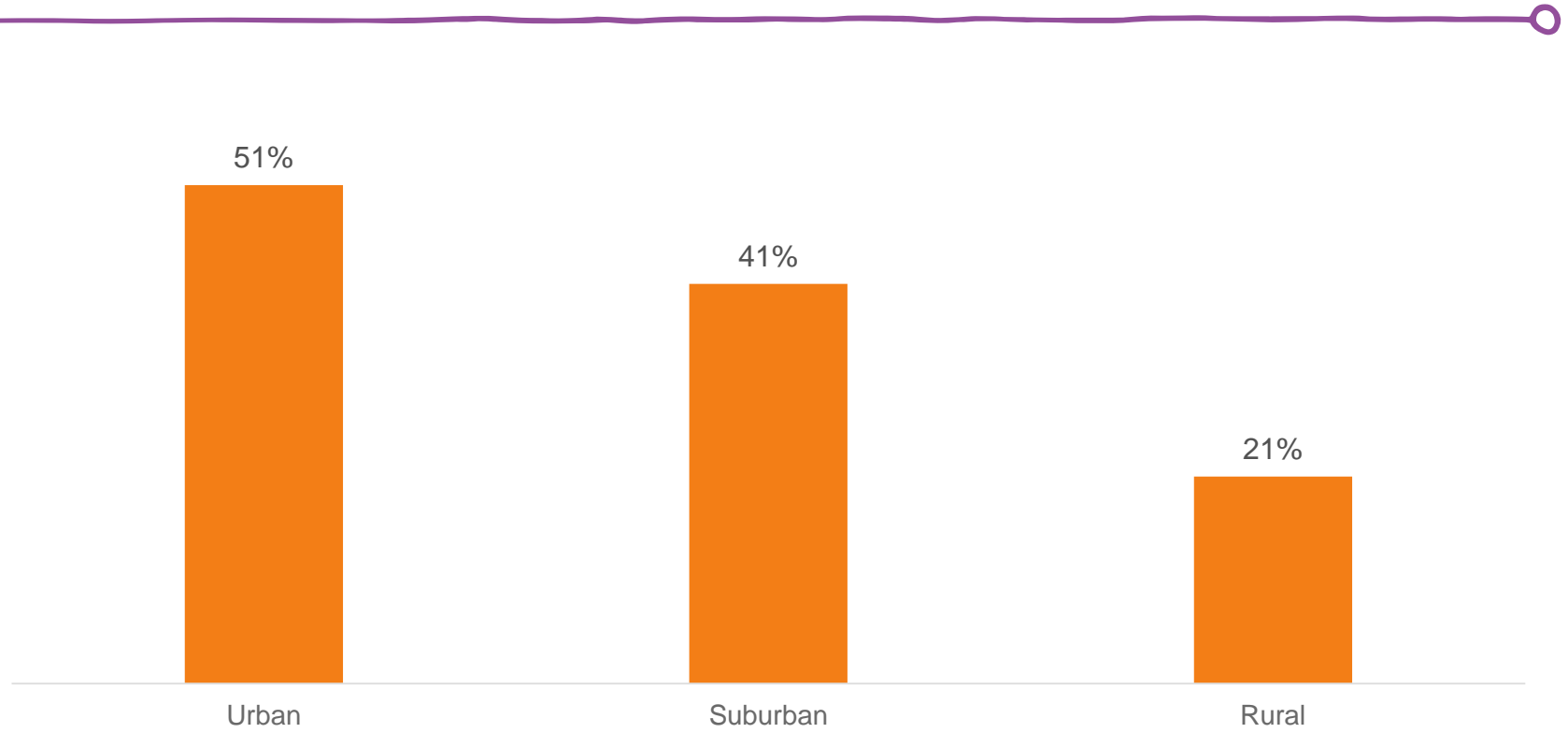
County of Primary Residence – 90 of 100 counties represented



Top Counties of Primary Residence (2%+ representation)

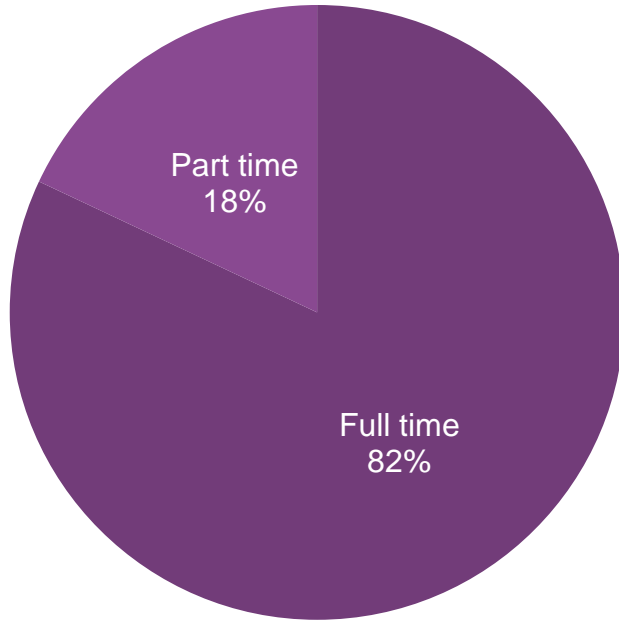


Type of Area(s) Currently Practicing In – Mix of all 3

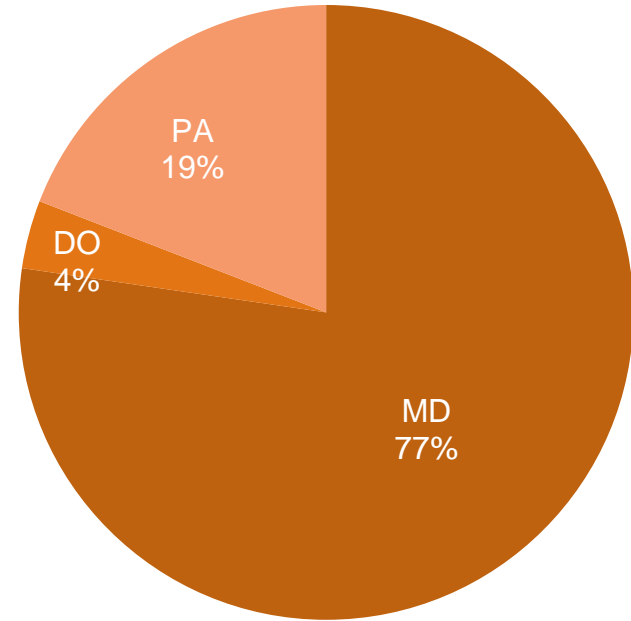


Predominantly full-time employment status as well as MD licensees

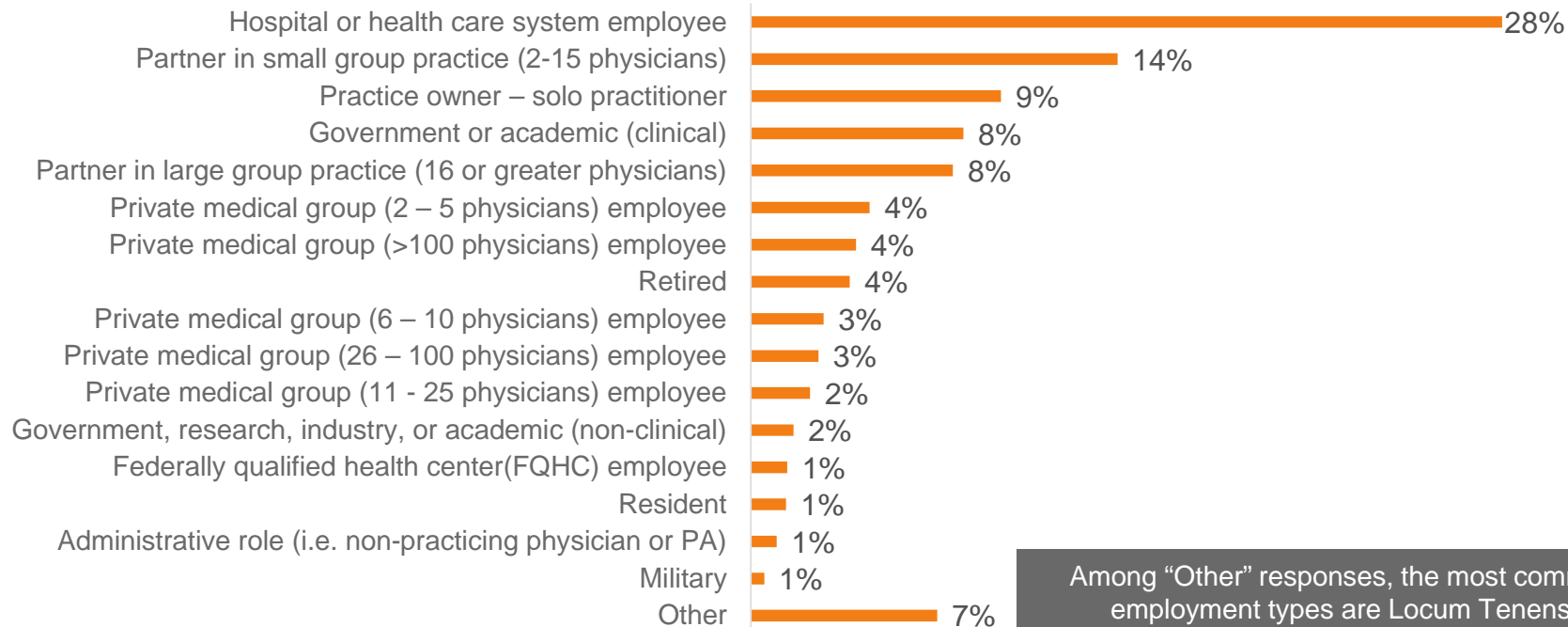
Do you currently work full time or part time?



What type of license do you hold?



Primary Employment Status



Among “Other” responses, the most common employment types are Locum Tenens, Contractors/Consultants, and Non-Profit Clinics

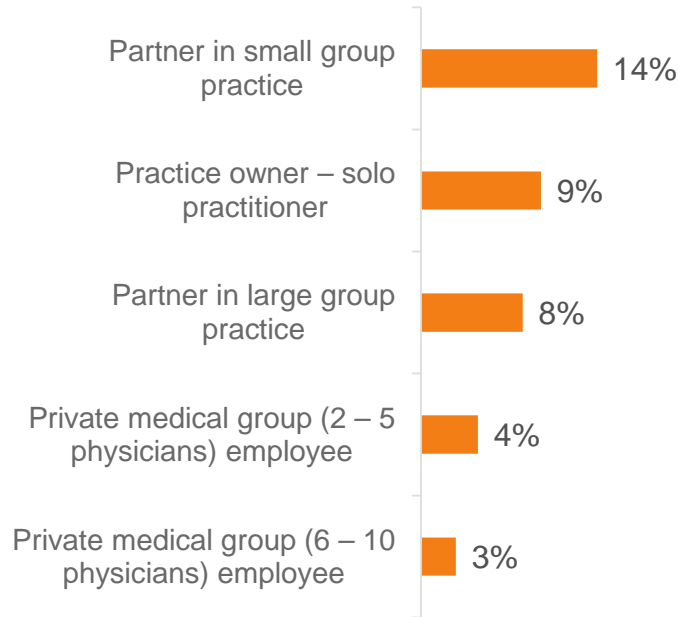
“Private Practice”

- Practice owner – solo practitioner
- Partner in small group practice
- Partner in large group practice
- Private medical group (2-5 Physicians)
- Private medical group (6-10 Physicians)

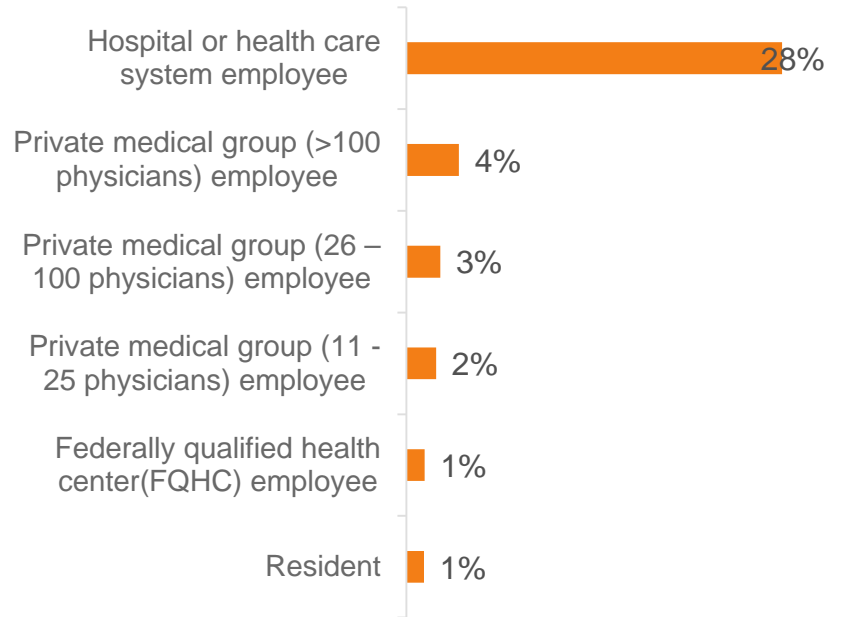
“Employed Physicians/PAs”

- Private medical group (11-25 Physicians)
- Private medical group (26-100 Physicians)
- Private medical group (100+ Physicians)
- Hospital or health care system employee
- Resident
- Federally qualified health center (FQHC)

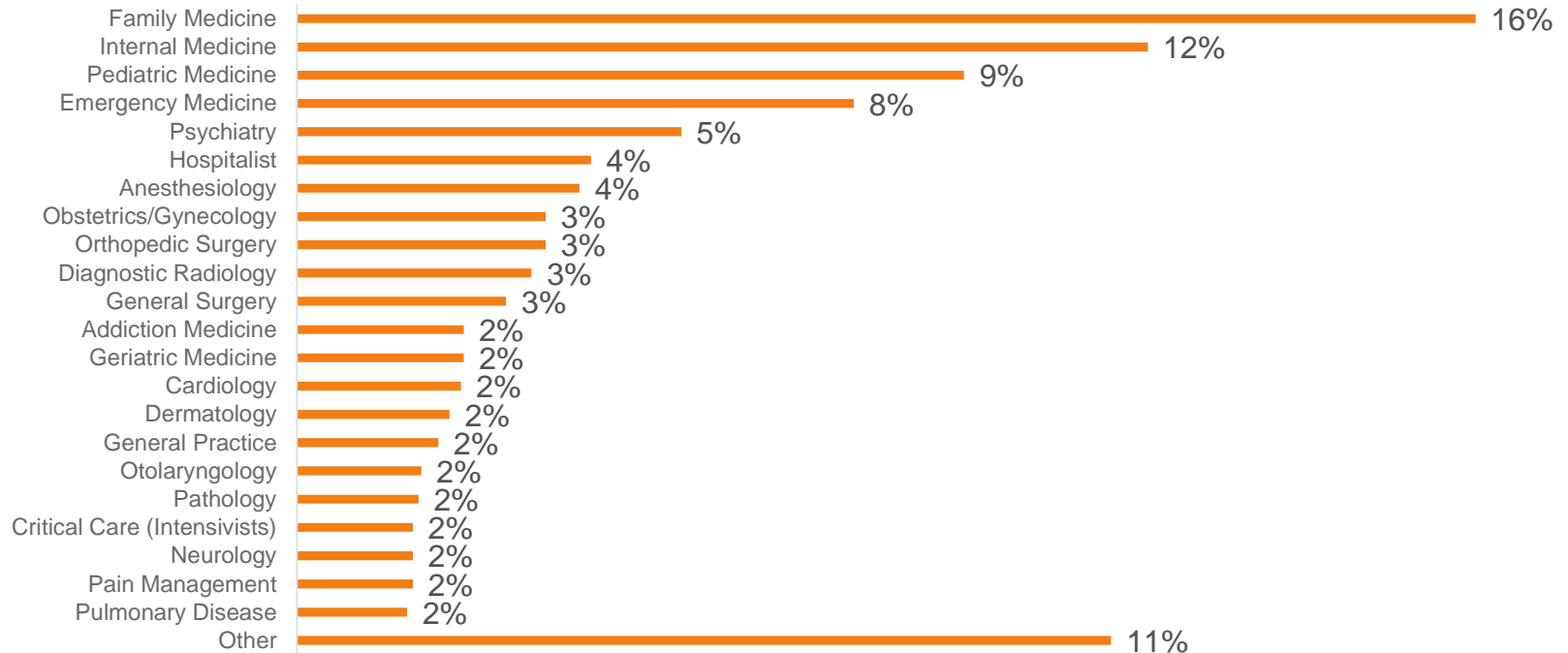
“Private Practice”



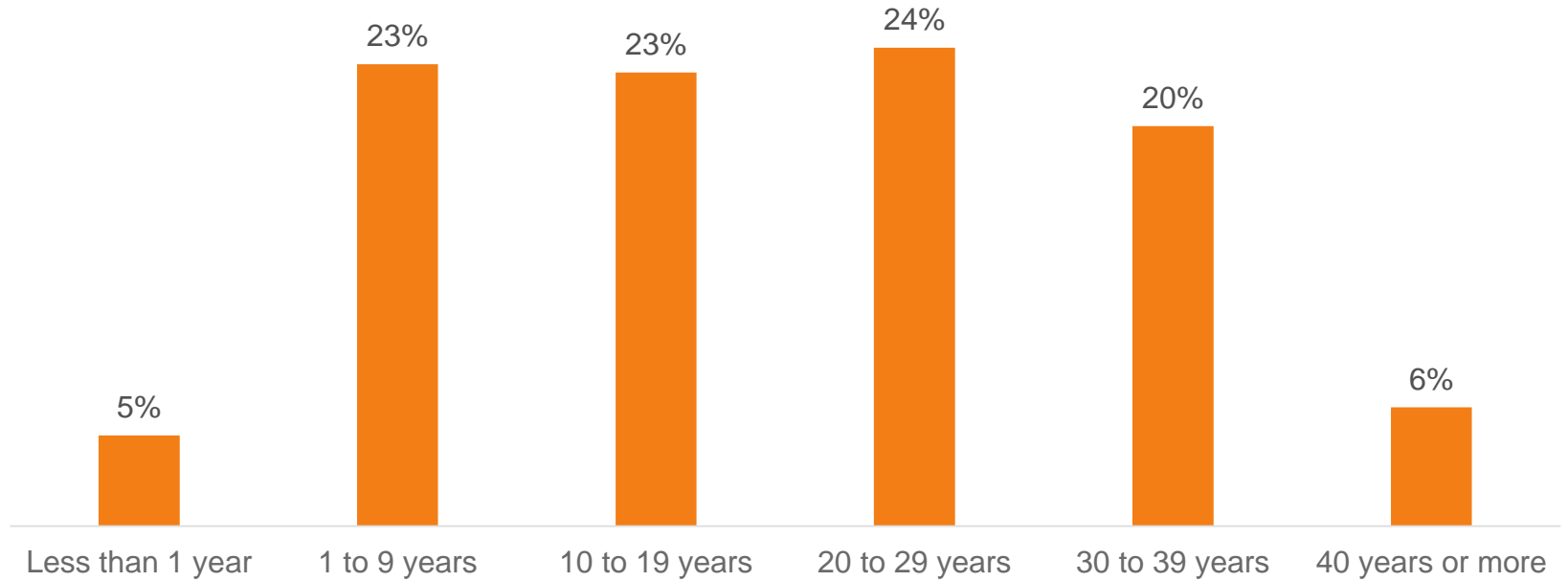
“Employed Physicians/PAs”



Primary Area of Practice (2%+ representation)



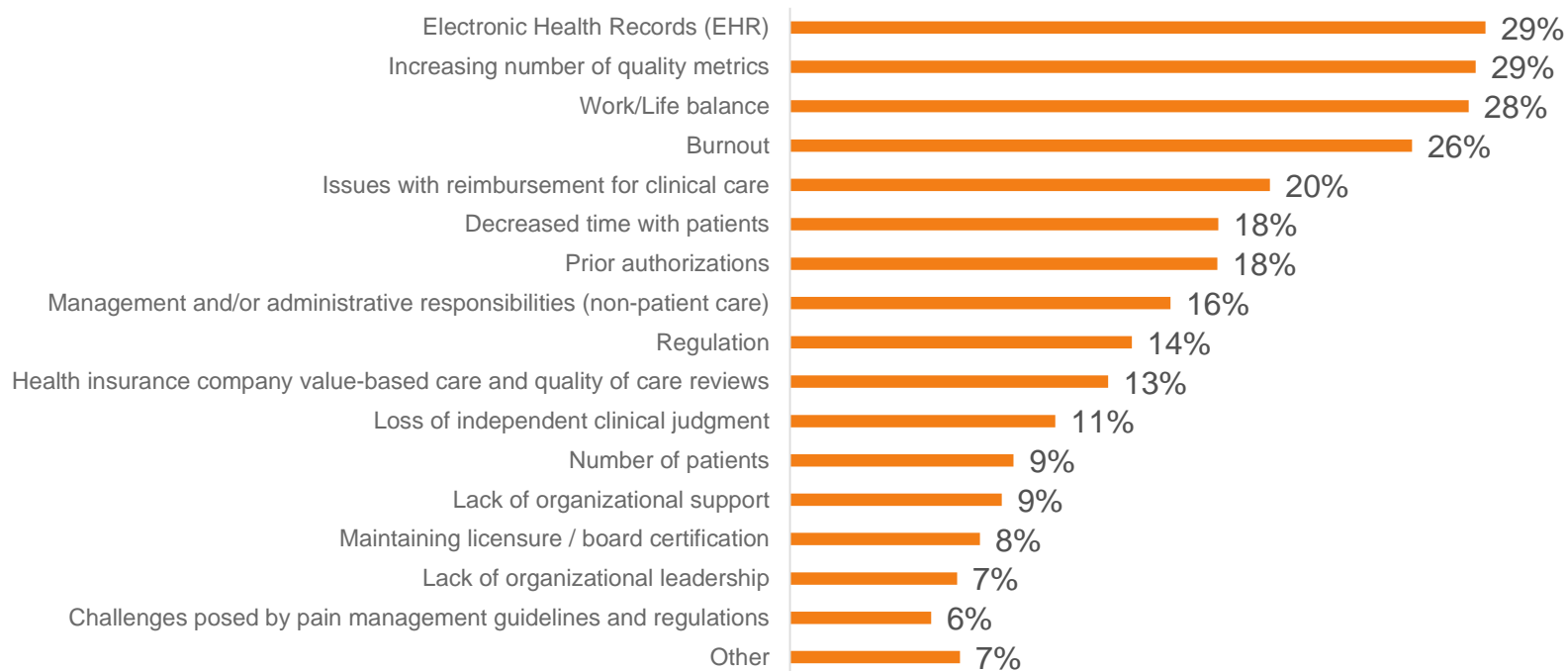
On average, Licensees have been in practice ~20 years



Challenges Facing Licensees

Clinicians face a myriad professional challenges, ranging from operational (EHR, quality metrics) to more personal and emotional (work/life balance and burnout)

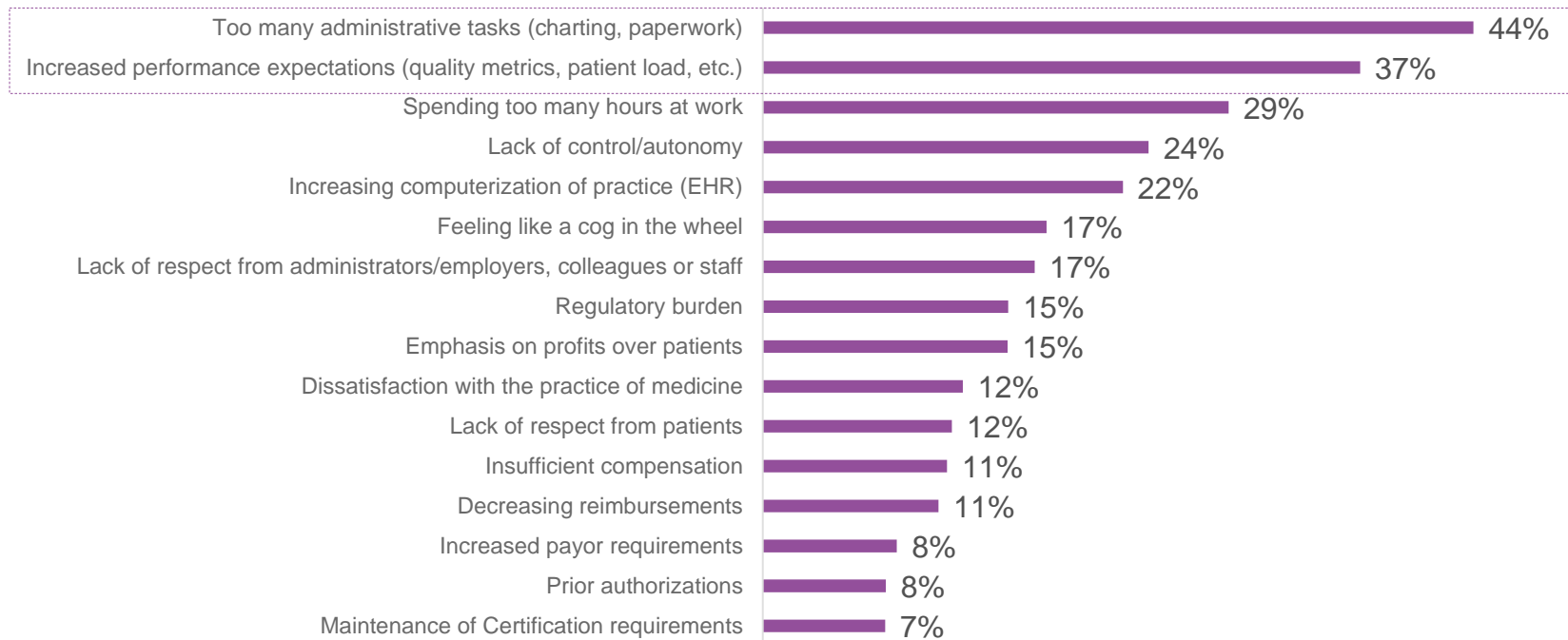
What are the biggest professional challenges, obstacles or struggles you face as a practitioner right now?



Burnout

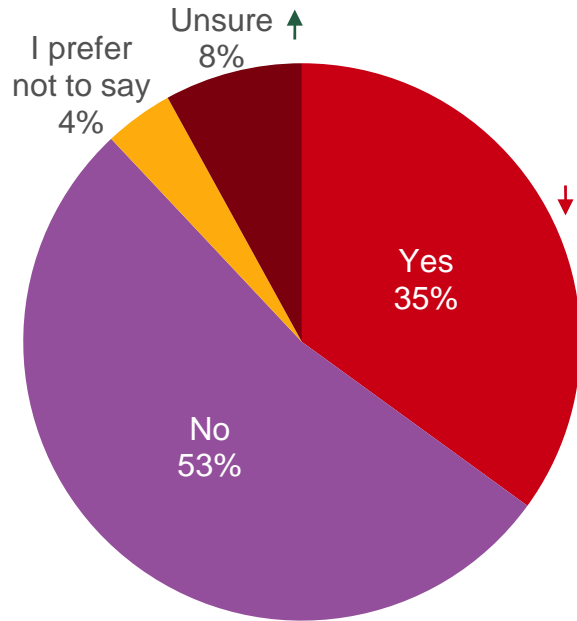
The primary perceived culprits contributing to burnout are administrative tasks and increased performance expectations – unsurprisingly, these are related to the key challenges faced by clinicians

Based on what you know about burnout, which of the following factors are primarily responsible?



Just over 1 in 3 licensees report having experienced burnout that lasted more than 3 months

Have you ever experienced burnout that lasted more than 3 months?



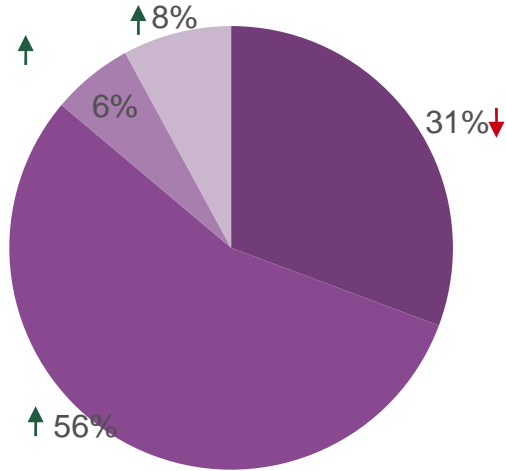
Burnout is defined as psychological stress characterized by exhaustion, lack of enthusiasm, motivation, feelings of ineffectiveness, frustration, or cynicism that is not assuaged after a short break.



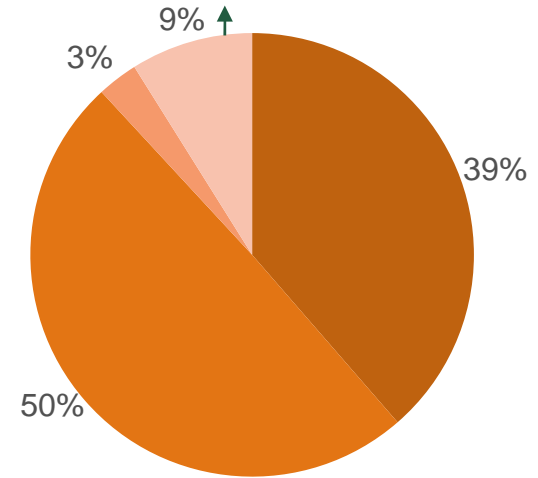
Reported burnout has gone down significantly since Nov 2016 (35% vs. 44%), but the number of those who are *unsure* if they've experienced burnout has gone up (8% vs. 3%)

Burnout rates are higher for Employed Physicians than for those in Private Practice at statistically significant levels

Private Practice: Have you ever experienced burnout that lasted more than 3 months?



Employed Physician: Have you ever experienced burnout that lasted more than 3 months?



■ Yes ■ No ■ I prefer not to say ■ Unsure

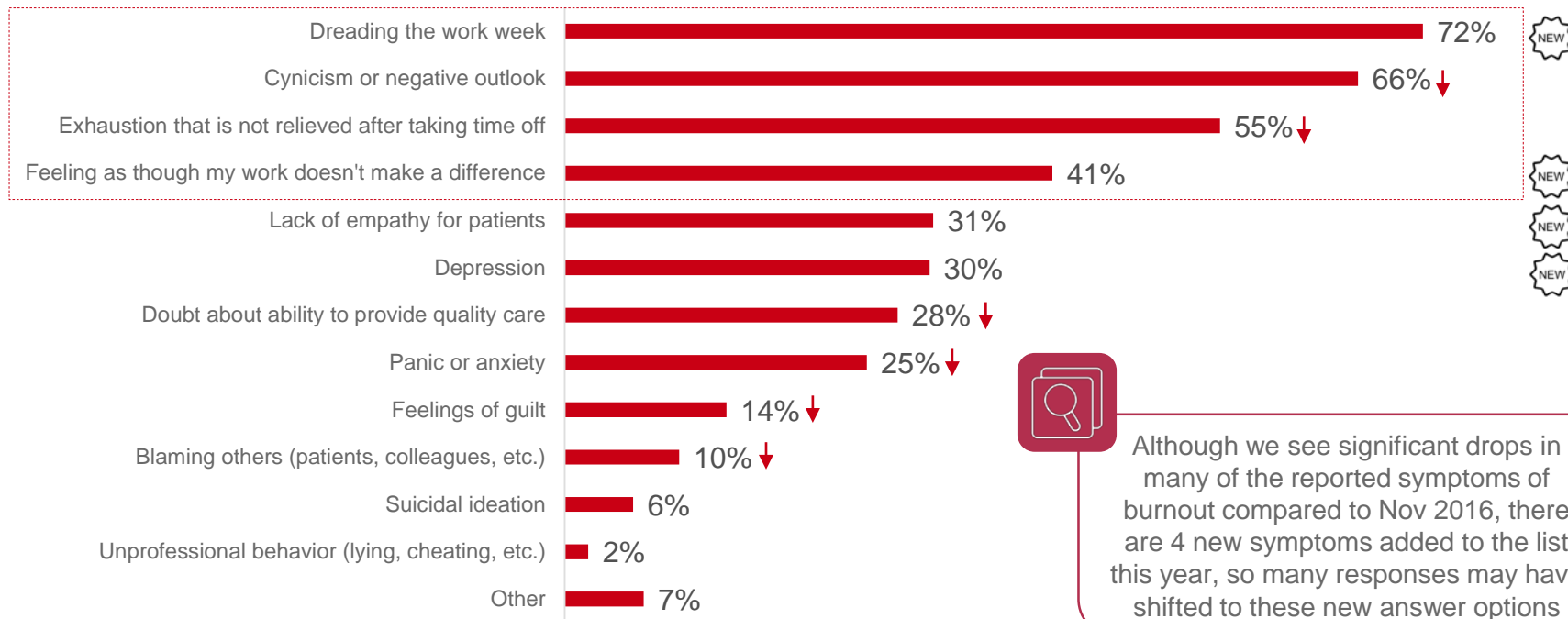
■ Yes ■ No ■ I prefer not to say ■ Unsure



Reported burnout is down for Private Practice compared to Nov 2016 (31% vs. 39%), and for both cohorts is up for *unsure* (3% both groups).

The most common side effects of burnout are dread, negativity, exhaustion, and feelings of worthlessness of the work

Which of the following symptoms/signs of burnout have you experienced?



Although we see significant drops in many of the reported symptoms of burnout compared to Nov 2016, there are 4 new symptoms added to the list this year, so many responses may have shifted to these new answer options

Other side effects of burnout impact clinicians' job satisfaction, personal lives, personal health, and energy levels

“ *Apathy. I used to care deeply about real quality. Now my entire practice is centered around doing whatever the patient wants, and fake quality measures.* ”

“ *Not being there for my family (children-infant and toddler) due to work* ”

“ *Questioning if the paperwork, insurance company demands, regulations and activities required of me are worth tolerating in order to care for my patients which I enjoy. These demands on our time do not benefit patients.* ”

“ *Ruined personal relationships (including a divorce).* ”

“ *Disgust... Counting how much longer "have to do this"* ”

“ *Regretting my decision to become a PA (wishing I was a NP instead), wanting to quit my job.* ”

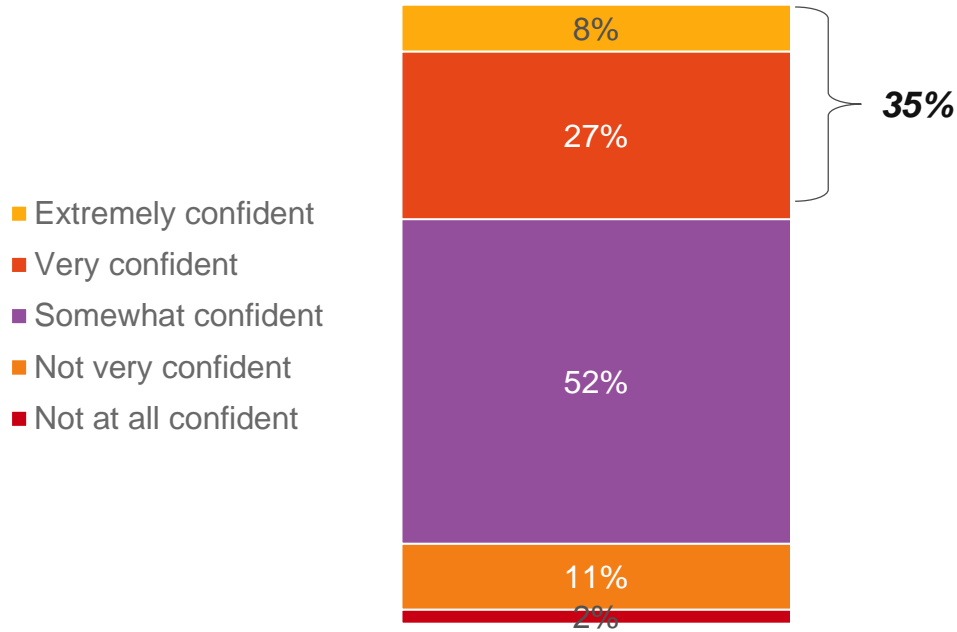
“ *Looking for other career options* ”

“ *Consideration of other professions outside of medicine* ”

“ *Decreased engagement in home life; deteriorating home life.* ”

Among those having experienced burnout, only about 1 in 3 are very confident in their ability to cope

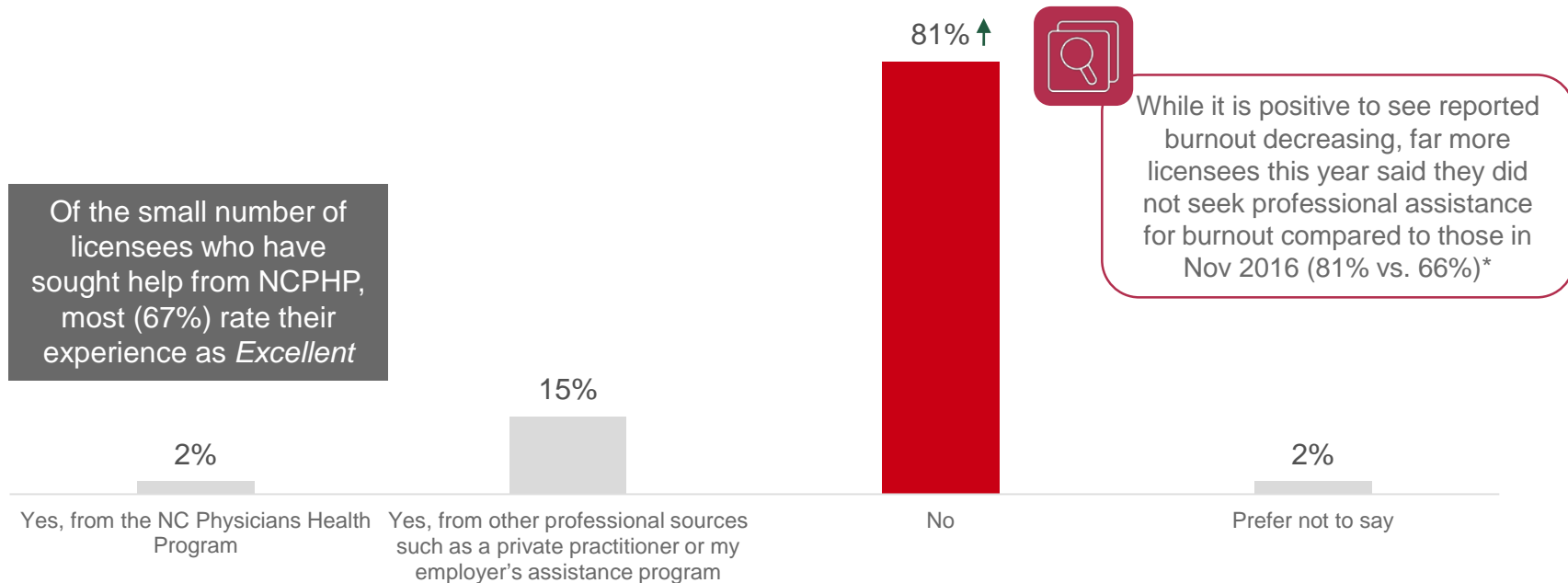
How confident are you in your ability to cope with burnout?



Private Practice clinicians not only experience less burnout than Employed Physicians, but also have greater confidence in their ability to cope with burnout (39% vs. 30%).

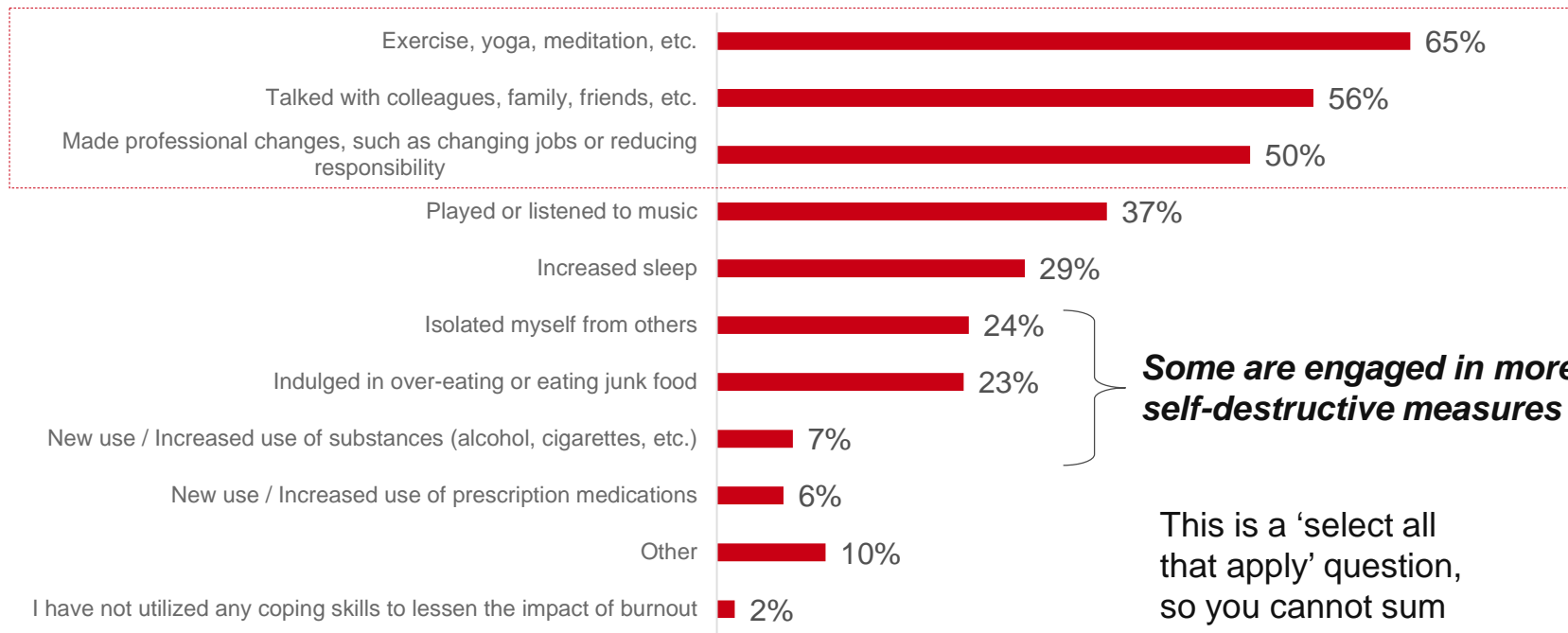
And yet, 81% of licensees who experience burnout DO NOT seek assistance and only 2% sought assistance through the NCPHP

Have you ever sought professional assistance to address burnout?



But, many have leveraged positive coping skills outside of professional help, such as exercise, talking it out, or making professional changes

Which, if any, of the following have you utilized to lessen the impact of burnout?

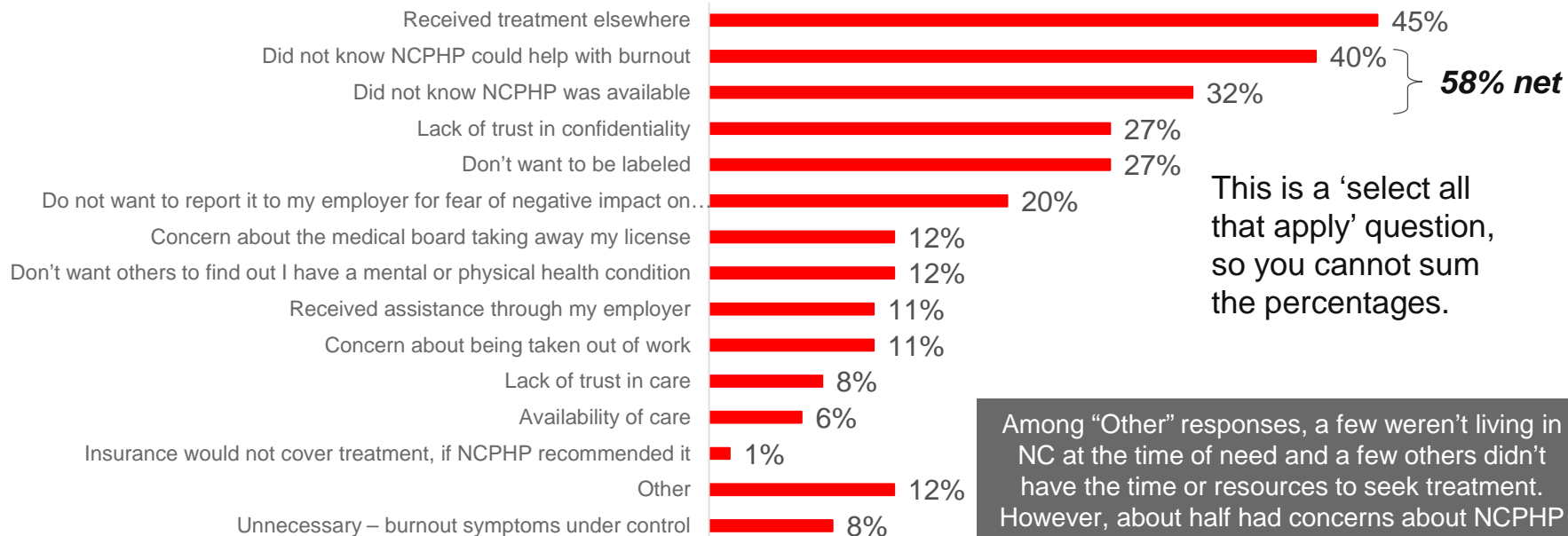


Some are engaged in more self-destructive measures

This is a 'select all that apply' question, so you cannot sum the percentages

Of those who sought professional help *elsewhere*, over *half* didn't leverage NCPHP because they didn't know NCPHP was available to them or that NCPHP could help with burnout

Why didn't you pursue care at the NC Physicians Health Program?

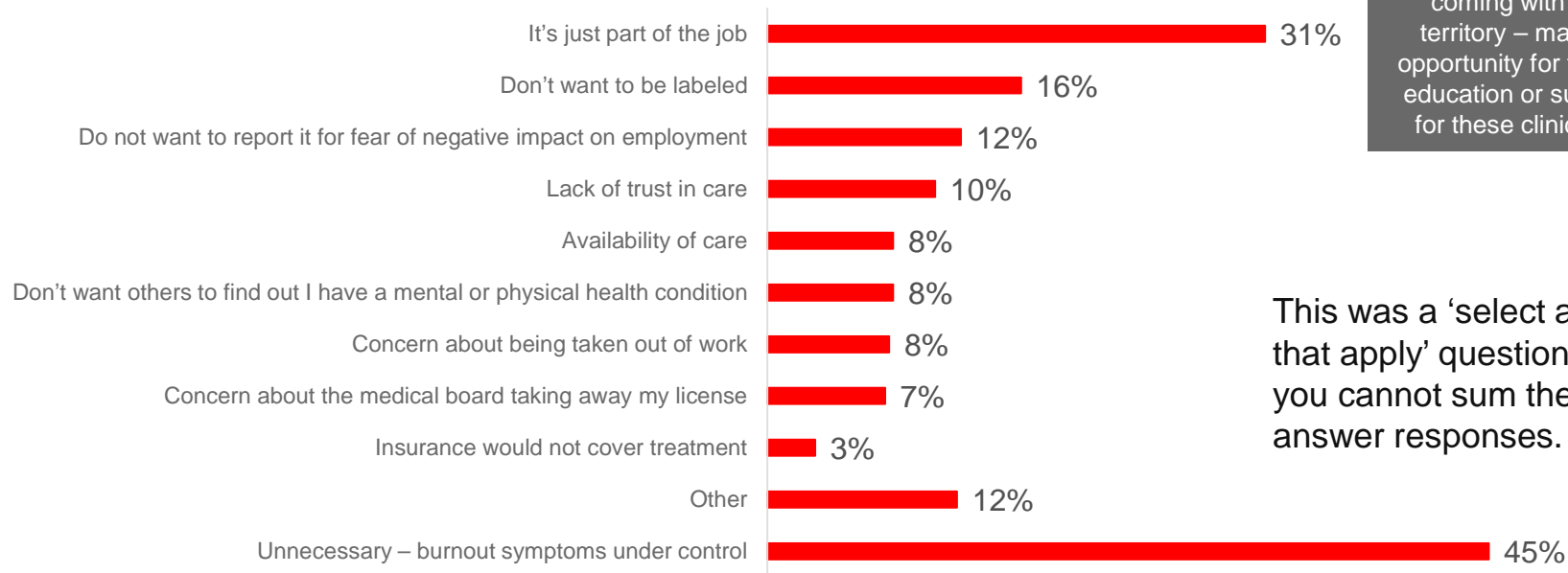


This is a 'select all that apply' question, so you cannot sum the percentages.

Among "Other" responses, a few weren't living in NC at the time of need and a few others didn't have the time or resources to seek treatment. However, about half had concerns about NCPHP being an inappropriate solution for them*.

And, the bulk of those not seeking professional assistance at all say it's because their burnout symptoms were under control

Why didn't you seek professional assistance to address burnout?

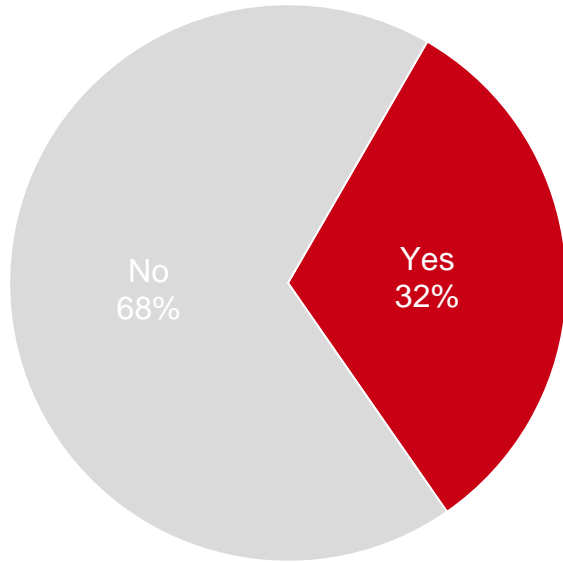


However, 1 in 3 are resigned to burnout coming with the territory – may be opportunity for further education or support for these clinicians

This was a 'select all that apply' question, so you cannot sum the answer responses.

About 1 in 3 appear to appreciate the change to the annual renewal form, many citing that it is a step closer to removing the stigma of seeking treatment and professional counseling

Does changing the question on the annual renewal make a difference in your willingness to pursue treatment?



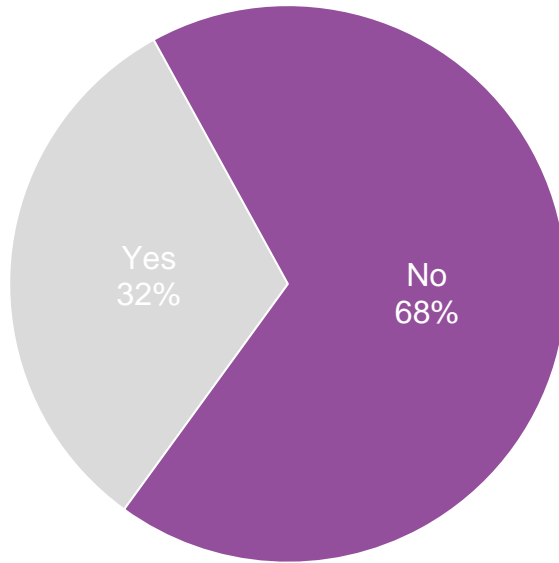
“ *It puts the emphasis on being treated (which is a good thing) rather than being diagnosed with something (which could be perceived as negative)*

“ *This is a more supportive stance of a well-known problem for Physicians. Taking what creates extra burden that could be seen as a reprimand if not punishment for a medical problem is a step in the right direction.*

“ *The previous statement had a negative connotation about mental health. It may be implied that by having mental health issues that you may not be fit to practice medicine.*

Among the 68% whose stance has not changed, some still fear stigmatization, whereas others would have sought treatment regardless

Does changing the question on the annual renewal make a difference in your willingness to pursue treatment?



“ Still feel this would be looked at negatively and impact my license

“ I would be suspicious that it would increase my chances of being labeled, audited, "in trouble", etc.

“ I believe that it is important to pursue treatment either way. I had been told that simply answering yes to that question didn't jeopardize my license so I didn't worry about it. I believe my license would be more jeopardized if I did not get treatment.

“ I will get the care I need whether the board cares about me or not. I need to take care of myself in order to be healthy for myself and my patients.

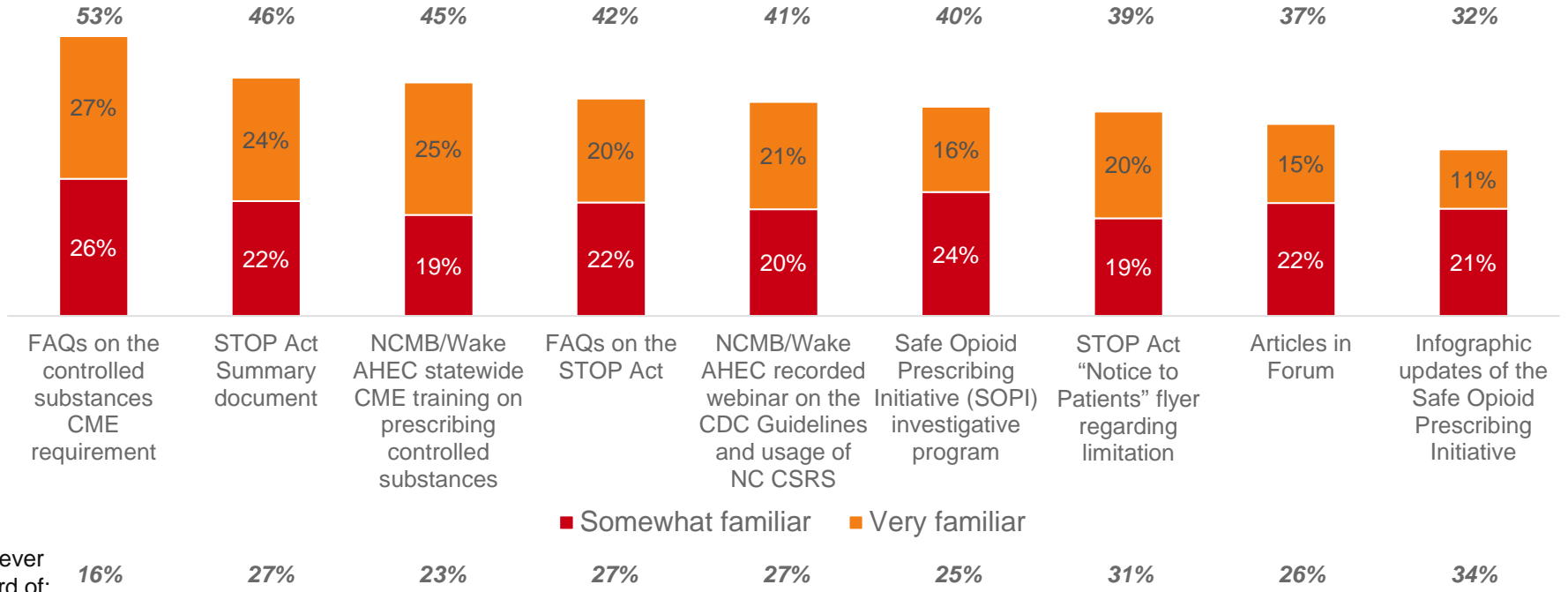
- Licensees who report having experienced burnout tend to...
 - Be slightly younger (average age 48) with fewer years of experience (17)
 - Be more likely to be female (46%); this may have more to do with willingness to admit to burnout than actual experience of burnout
 - Unsurprisingly, work full time rather than part time (85%)
 - Also report higher degrees of challenges with work/life balance (34%), loss of independent clinical judgment (13%), and number of patients (11%)
 - Have also been impacted by the opioid crisis (64%)
 - Generally rate their experience with NCMB as less positive (62% T2B) than those who have not been affected by burnout (72% T2B)

Addressing the Opioid Crisis



Licensees are most familiar with the FAQs that address the controlled substances CME requirement; other NCMB activities could use greater socialization across the board

Below is a list of activities led by NCMB. Please indicate your level of familiarity with each.



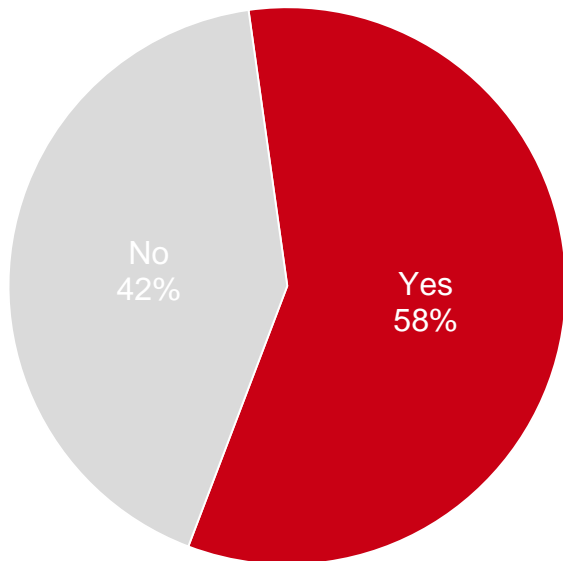
■ Somewhat familiar ■ Very familiar

% never heard of:

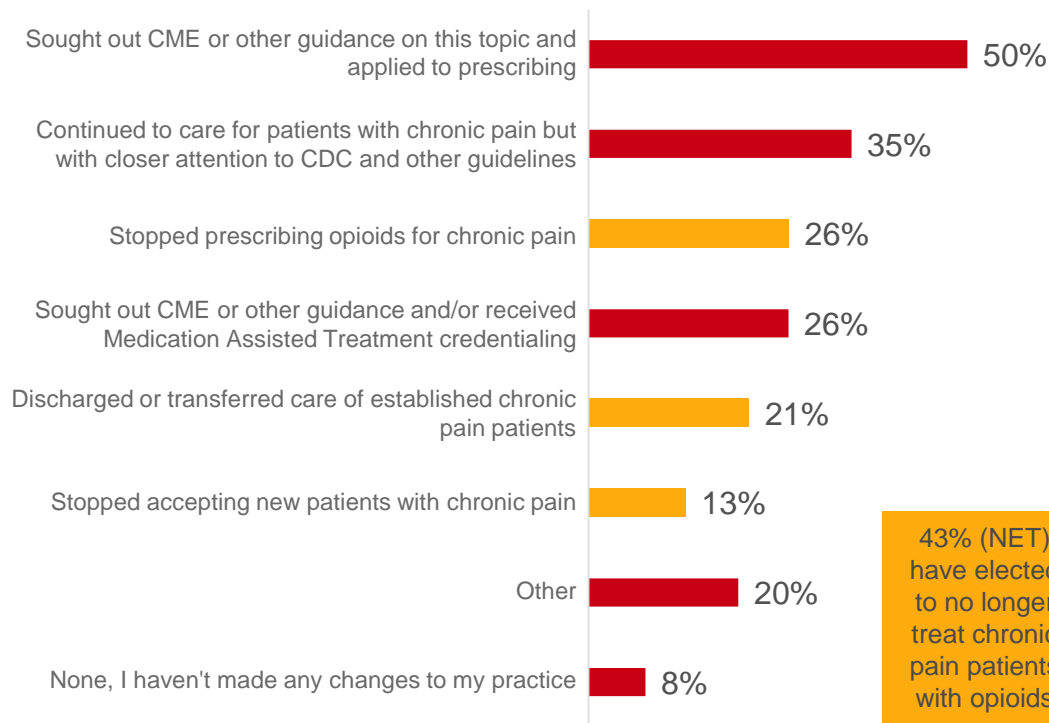


Most indicate their practices have been impacted by the opioid crisis, and their initial reaction is to seek out guidance from CME or the CDC to apply to their prescribing behavior

Has your practice been directly affected by the opioid crisis or measures that are being employed to confront the issue?



What changes have you made to your practice?*

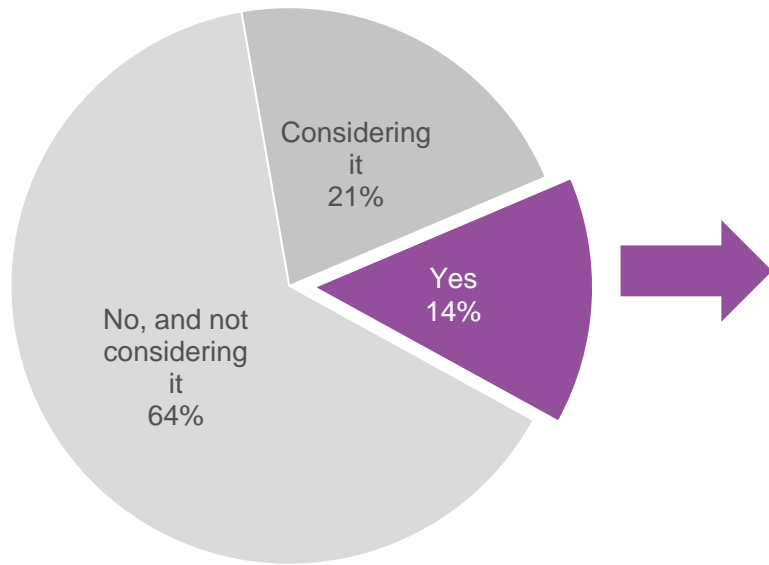


43% (NET) have elected to no longer treat chronic pain patients with opioids

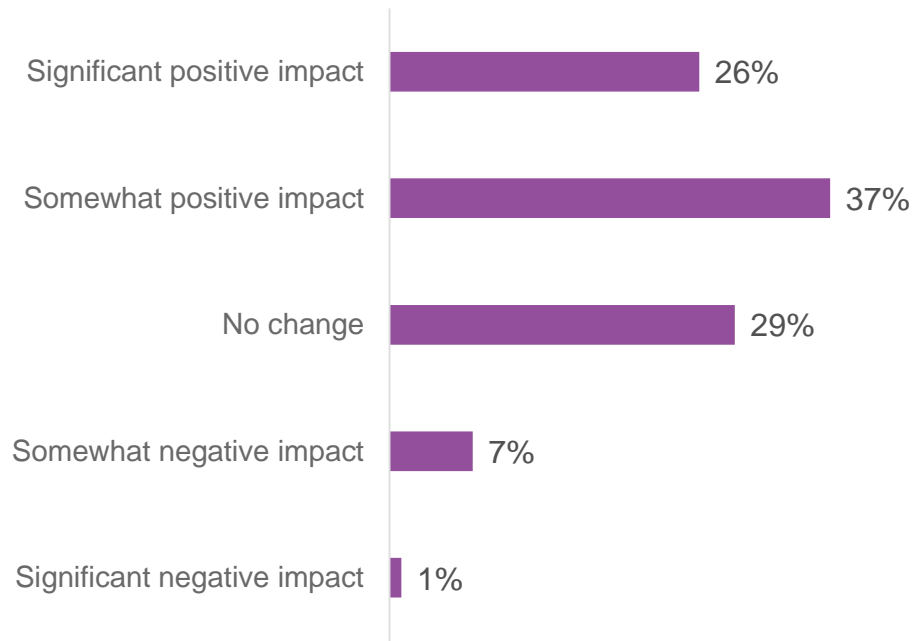
Incorporating Telemedicine

Though very few have incorporated telemedicine, most of those who have say it's had a positive impact on their practice of medicine (63%)

In the past 12 months, have you incorporated telemedicine into your practice?

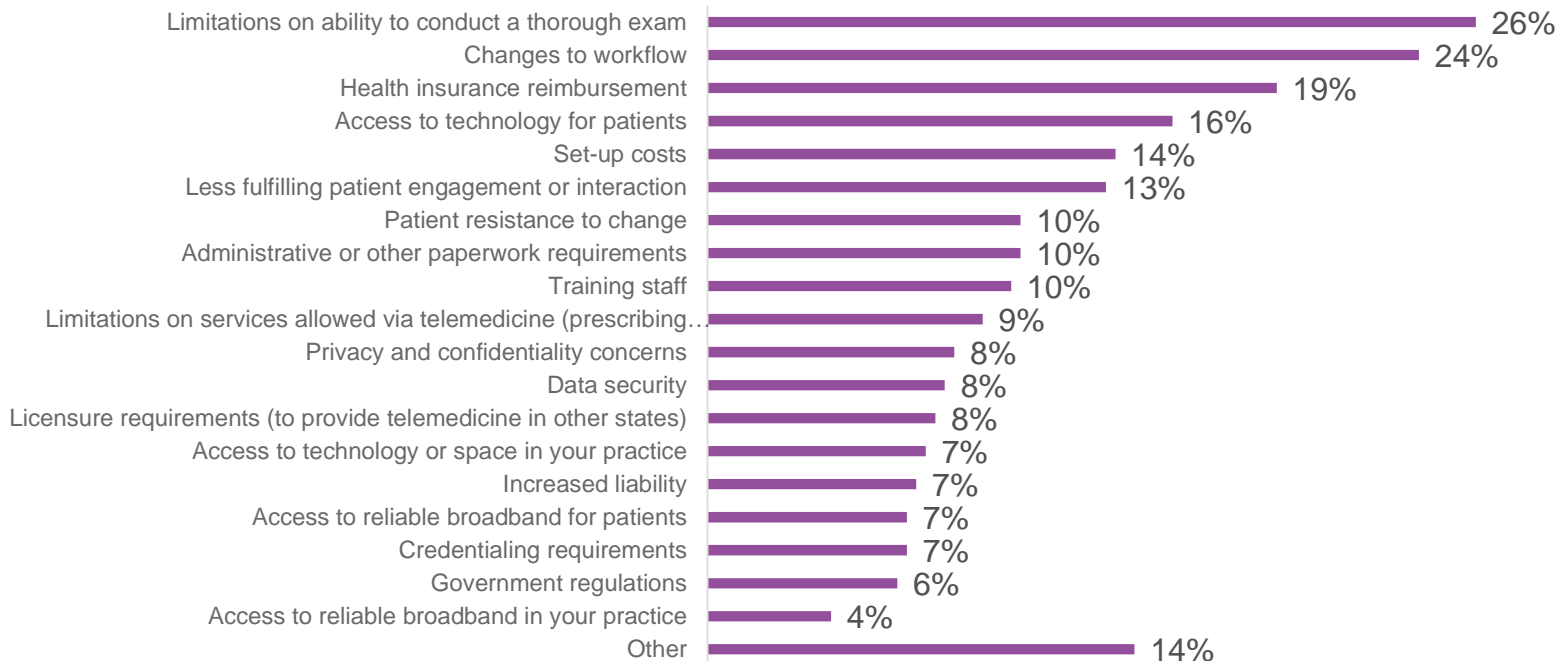


How, if at all, has incorporating telemedicine changed how you practice medicine?



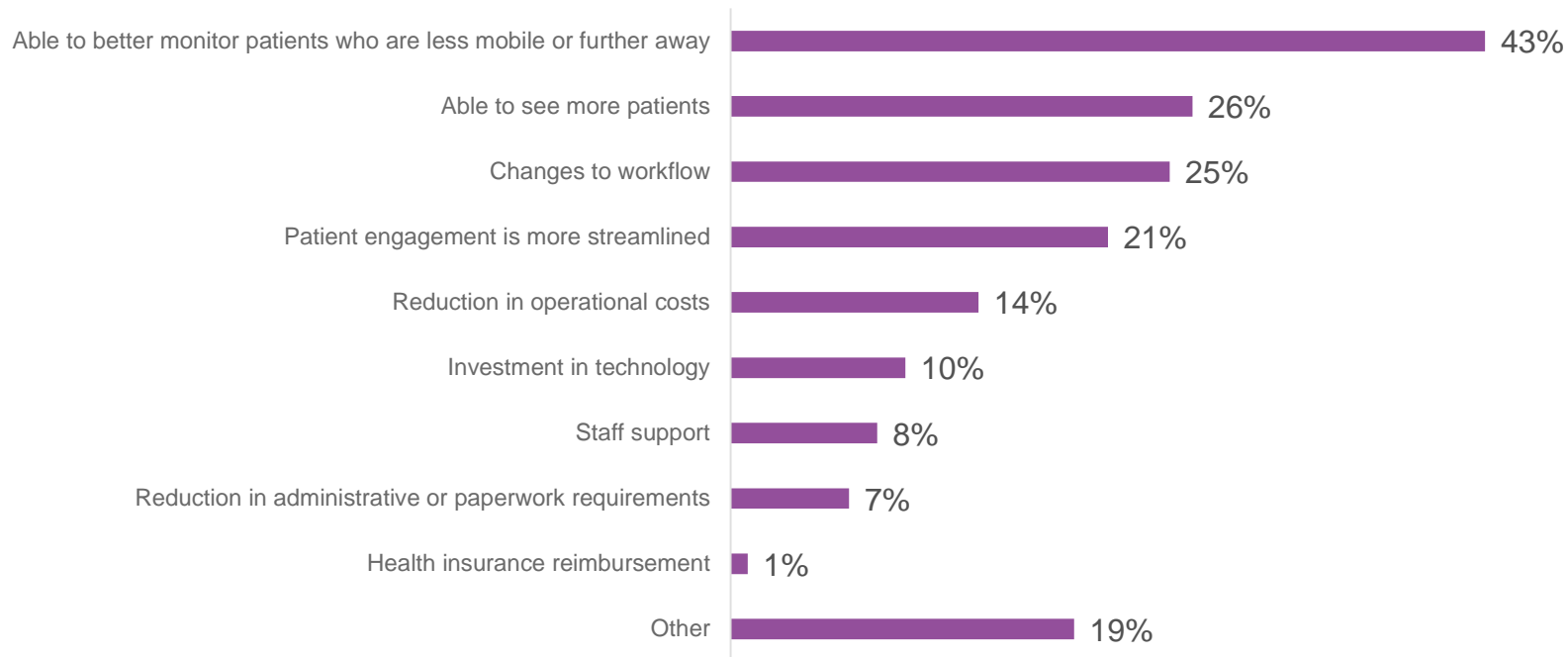
The challenges associated with implementing telemedicine are related both to patient care (exams) *and* operations (workflow, reimbursement)

What have been the primary challenges to incorporating telemedicine into your practice?



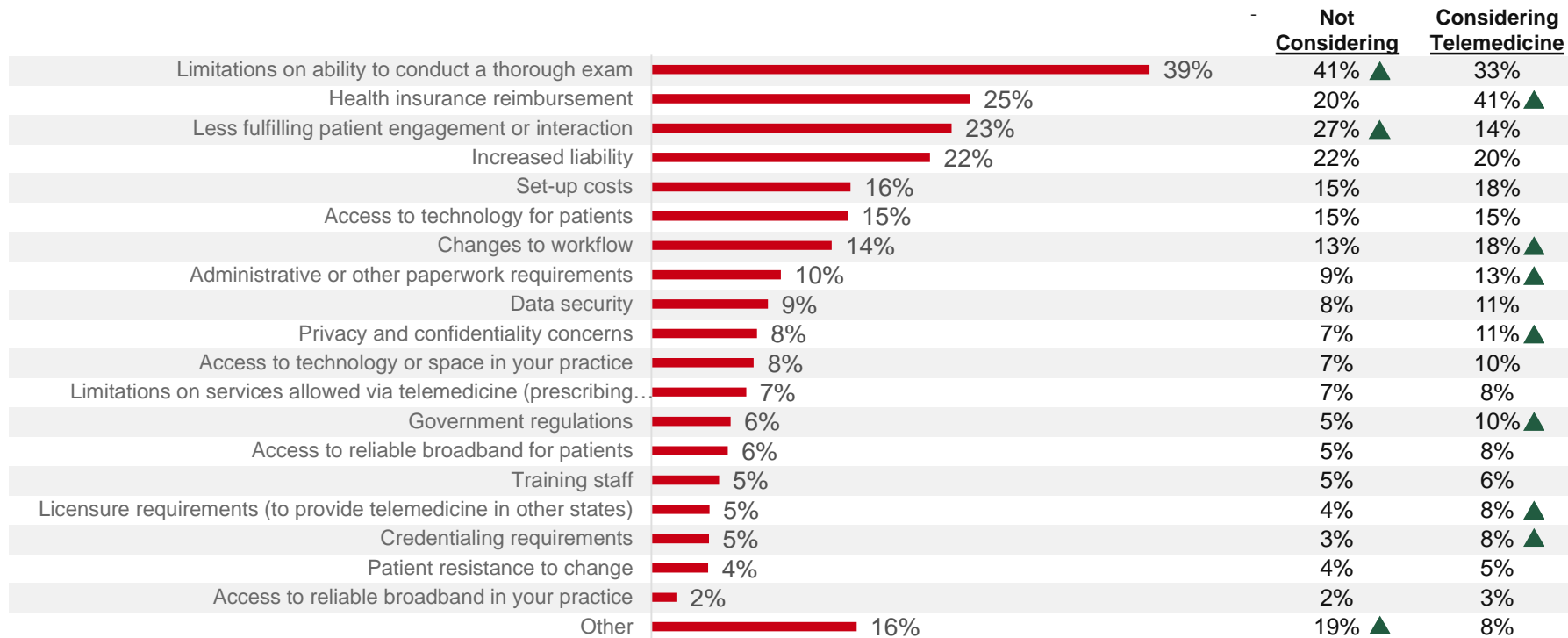
But, those who have implemented the approach appreciate being able to keep up with patients who may not be able to make it into the office as frequently (less mobile or live far away)

What have been the primary benefits to incorporating telemedicine into your practice?



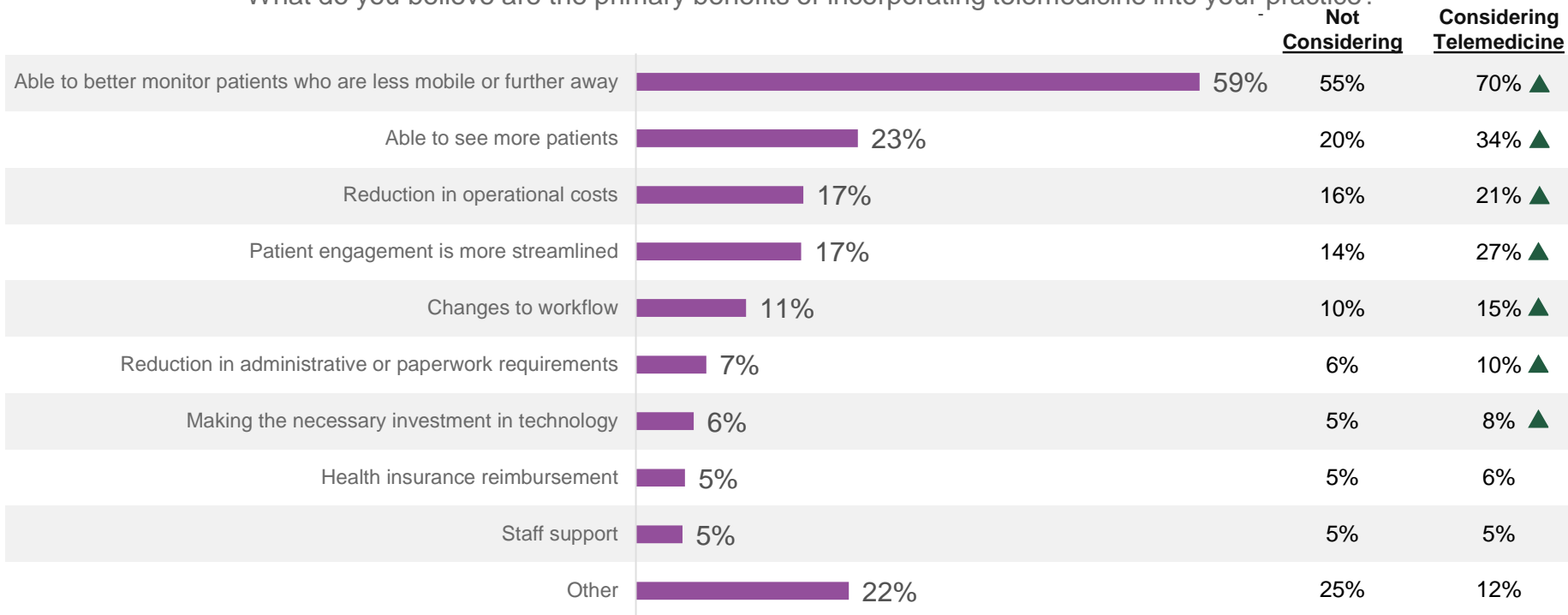
Those who are *considering* telemedicine are more worried about the logistics of implementation; whereas those not considering the approach cite concerns about impact to their care/patients

What do you believe are the primary barriers to incorporating telemedicine into your practice?



Unsurprisingly, those considering telemedicine see more benefits of the approach across the board

What do you believe are the primary benefits of incorporating telemedicine into your practice?

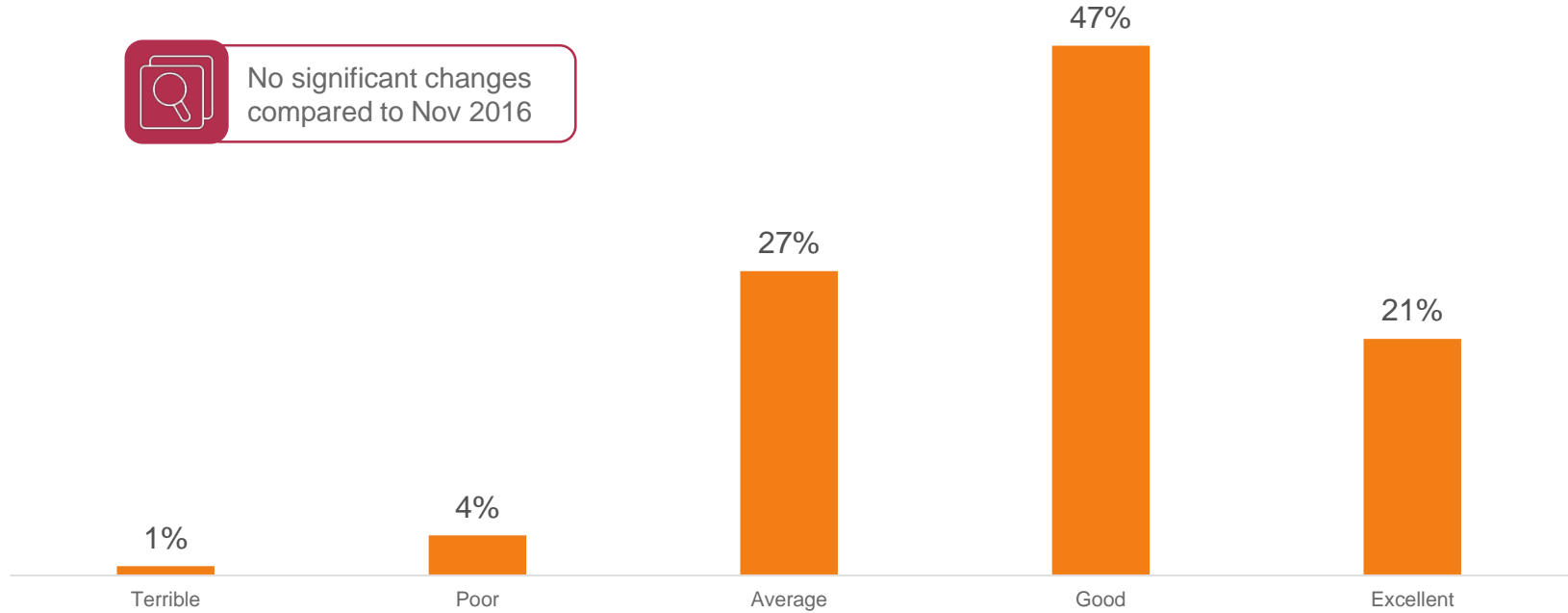


Interactions with NCMB

68% rate their experience overall with NCMB as Good or Excellent

Overall, how would you rate your experience with NCMB?

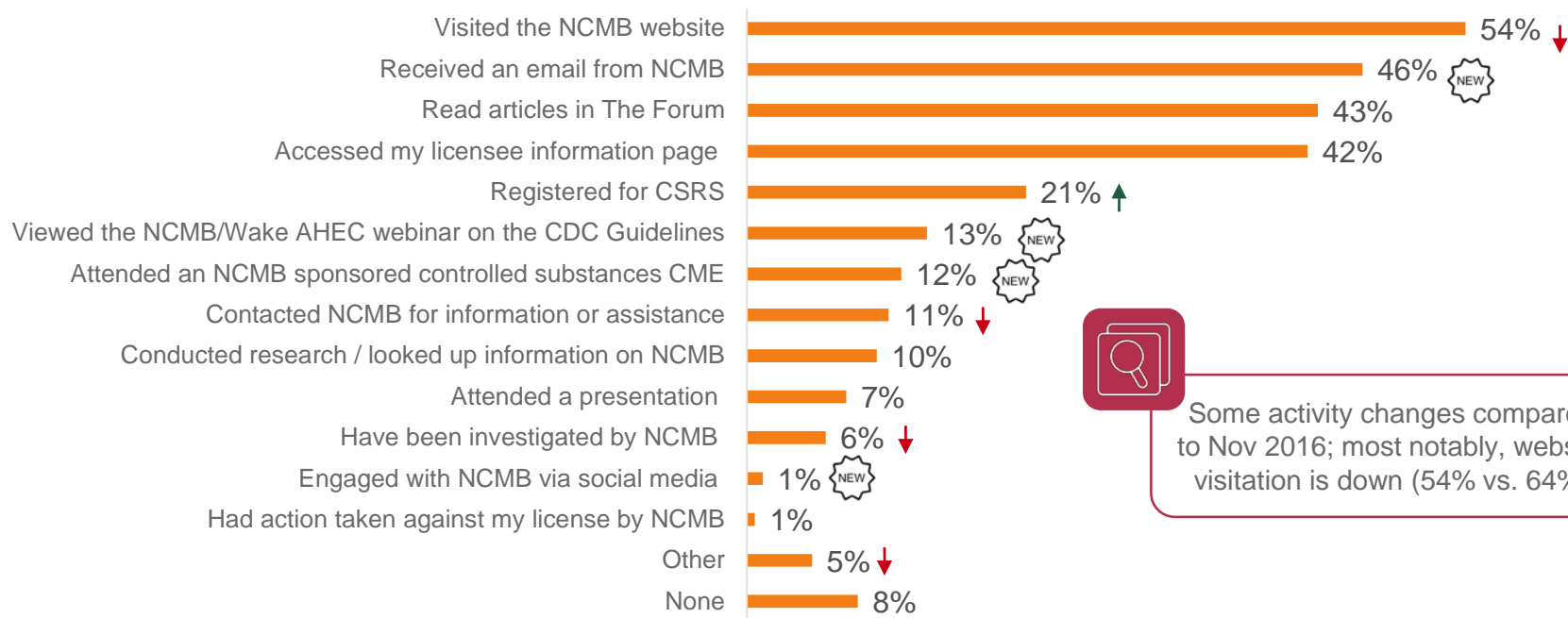
 No significant changes compared to Nov 2016





Website visits, receiving an email, accessing license information, and reading The Forum were the most common forms of interactions over the past year

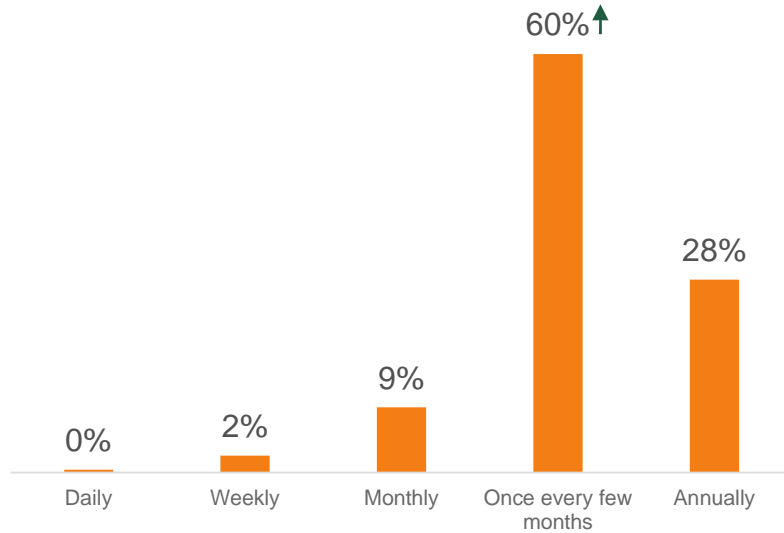
Which of the following types of interactions have you had with NCMB in the last 12 months?



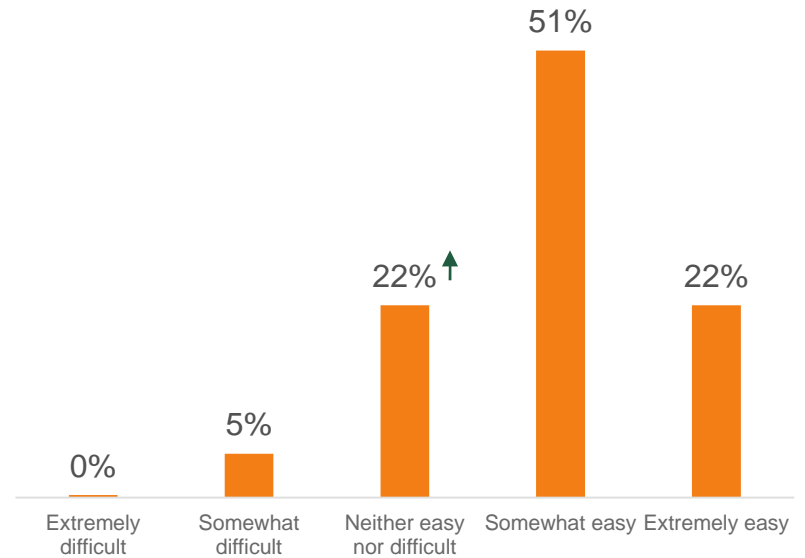
Some activity changes compared to Nov 2016; most notably, website visitation is down (54% vs. 64%)

Website visits occur once every few months, and ease of use seems to be pretty high for those who visit it

You indicated that you have visited the NCMB website. Approximately how often do you visit NCMB's website?

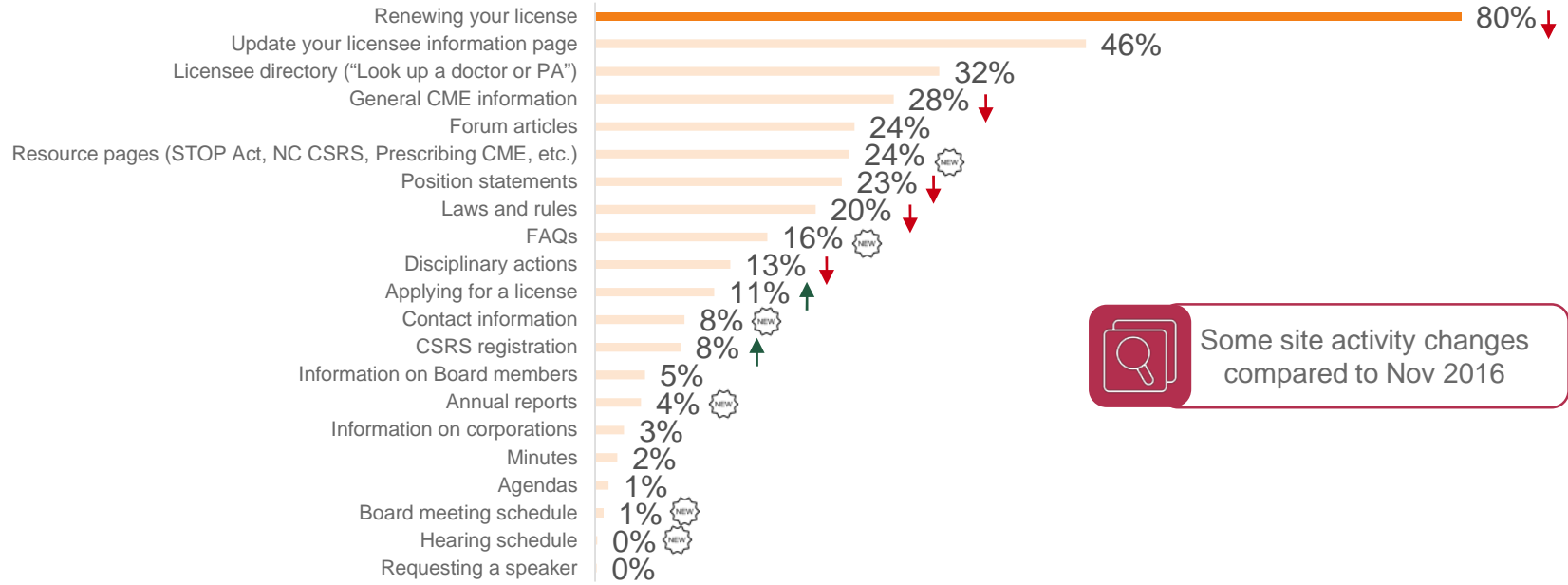



Please rate your ability to find what you were looking for on the website:



The overwhelming majority visit the site to renew their license, following by updating their profile page and searching for other licensees

What type of information do you use on NCMB's website? Select all that apply.



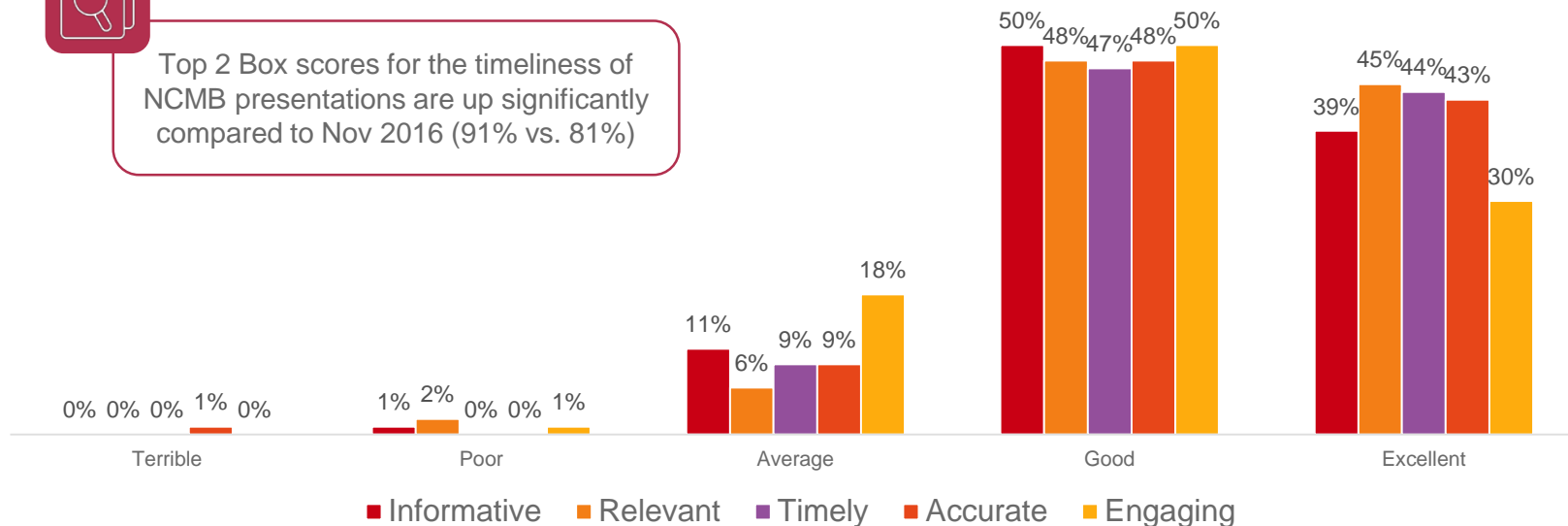
 Some site activity changes compared to Nov 2016

Licensees who have attended a presentation by an NCMB member provide overwhelmingly positive evaluations – with Top 2 Box scores well above 80% on most metrics (other than Engaging, 80%)

You indicated that you attended a presentation where a member of NCMB spoke. Please rate that experience on the following attributes:

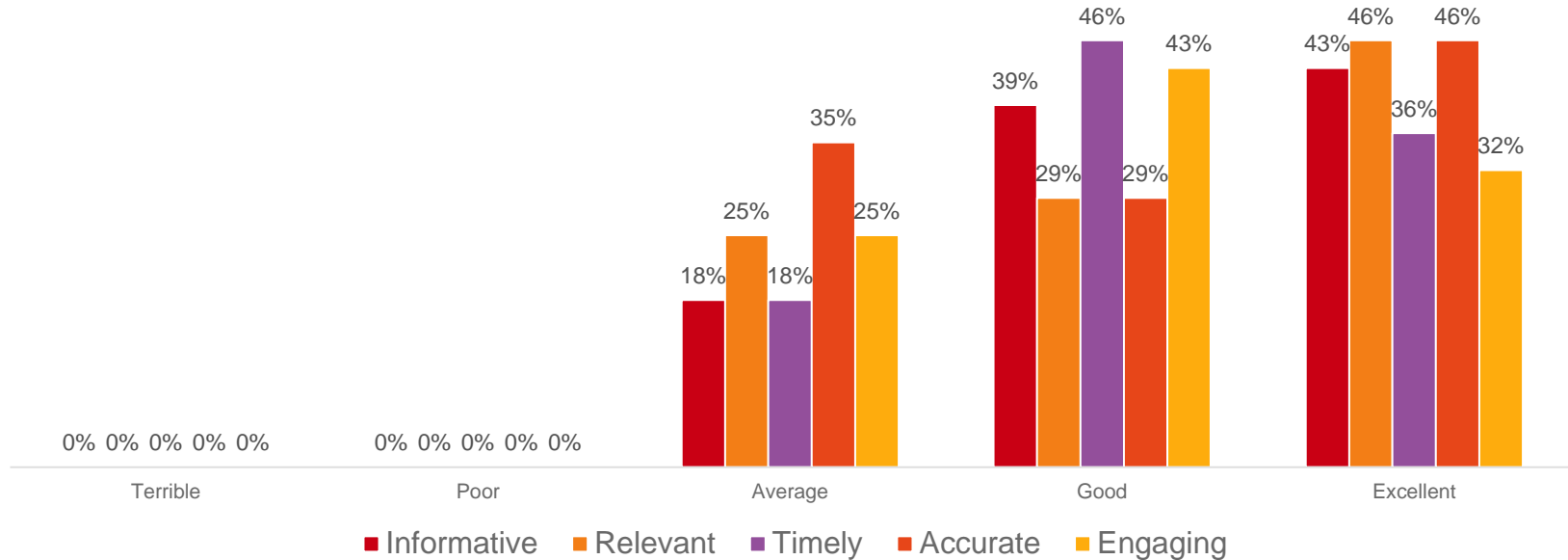


Top 2 Box scores for the timeliness of NCMB presentations are up significantly compared to Nov 2016 (91% vs. 81%)



Likewise, the few licensees who have engaged with NCMB on social media are pleased with their experience – 75%+ Top 2 Box Scores

You indicated that you have engaged with NCMB on social media. Please rate that experience on the following attributes:*

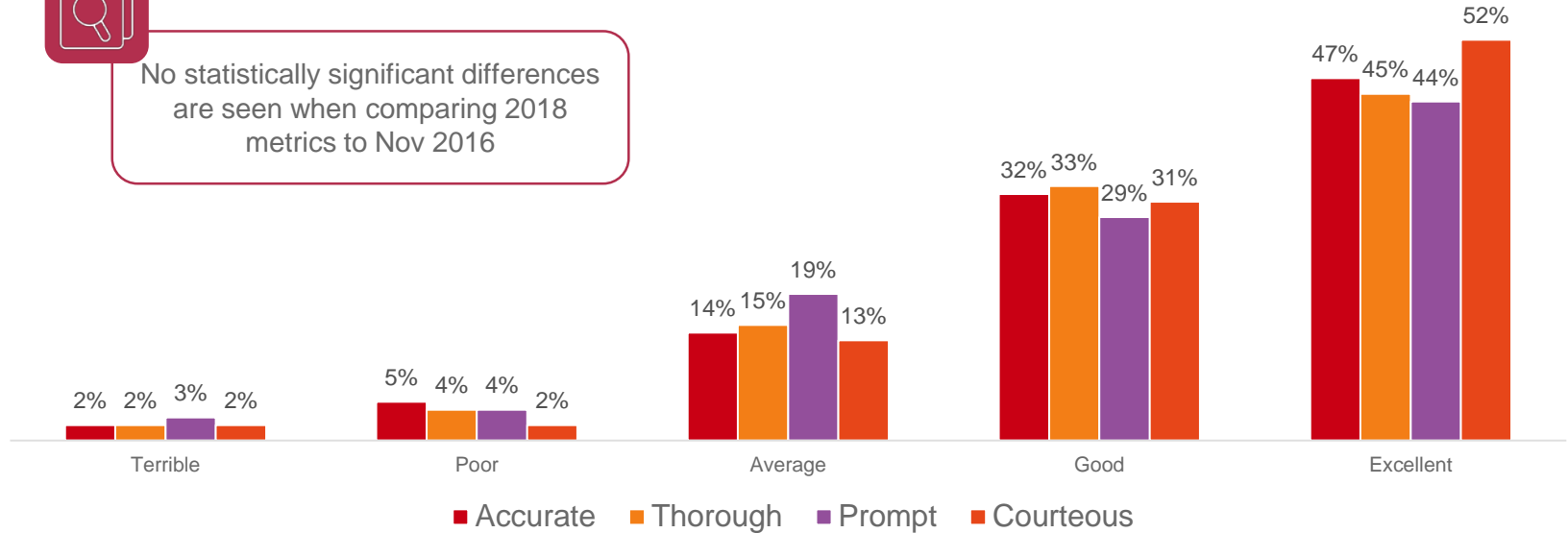


Overall, licensees are overwhelmingly happy with their interactions with NCMB staff

You indicated that you have had some interaction with NCMB staff. Please rate that experience on the following attributes:



No statistically significant differences are seen when comparing 2018 metrics to Nov 2016



Better Serving Patients

Is there one thing NCMB could do to better serve patients and/or have a positive impact on patient-physician/PA interactions?

“ Educate them on role insurance plays on medical decisions and coverage; influence of insurance companies on why physicians need to see the volume of patients that we do each day and wait times are so long for appointments

“ Continue engagement with social media to better spread news and opinions.

“ Educate the public on what physician assistants are

“ Educate the public on new prescribing laws and our limitations as clinicians.

“ I think that ALL organizations (not just NCMB) and providers should work to educate the public about the dangers of opioids - SO MANY patients tell me "all the drug abusers have ruined it for the rest of us, I don't abuse drugs." But really they do.

“ Educate the public on the proper use of the Emergency Department and what qualifies as an “emergent visit!”

“ Educate the public on the shortage of primary care physicians

“ Encourage patients to be more interested and involved with their own health (it is so sad when I feel like I care more about the patient's health than they do).

Better Serving Licensees

What is one new resource or service NCMB could provide to better serve physicians and PAs?

“ It would enhance the role of the NCMB to have a forum/blog where practitioners could ask questions, share ideas and successes, etc. Of course, this would have to allow anonymous postings.

“ Webinars on dealing with difficult patients

“ Provide materials directly to providers to be passed on to our patients

“ IF burnout results are high (whatever that may be) in this survey, that unequivocally merits a significant response and action by the NCMB

“ Sounds like you have a lot of resources that I, and others, don't know about or aren't utilizing

“ Quicker or less frequent renewal process for physicians with no change in status

“ Regular and ongoing reassurance that the Board recognizes and will support the physician's role in determining the best care for their patients and will work diligently to not facilitate group think, social, political, or legal pressures that undermine that role.



Thank You

Appendix

County	%	Number
Alamance	1.52%	37
Alexander	0.12%	3
Alleghany	0.04%	1
Anson	0.00%	0
Ashe	0.16%	4
Avery	0.25%	6
Beaufort	0.25%	6
Bertie	0.29%	7
Bladen	0.12%	3
Brunswick	0.49%	12
Buncombe	5.37%	131
Burke	1.23%	30
Cabarrus	1.68%	41

County	%	Number
Caldwell	0.57%	14
Camden	0.00%	0
Carteret	0.86%	21
Caswell	0.04%	1
Catawba	1.60%	39
Chatham	0.29%	7
Cherokee	0.25%	6
Chowan	0.12%	3
Clay	0.04%	1
Cleveland	0.70%	17
Columbus	0.25%	6
Craven	1.23%	30
Cumberland	3.32%	81

County	%	Number
Currituck	0.00%	0
Dare	0.25%	6
Davidson	0.41%	10
Davie	0.12%	3
Duplin	0.29%	7
Durham	8.61%	210
Edgecombe	0.16%	4
Forsyth	6.56%	160
Franklin	0.08%	2
Gaston	1.31%	32
Gates	0.00%	0
Graham	0.00%	0
Granville	0.62%	15

County	%	Number
Greene	0.04%	1
Guilford	5.33%	130
Halifax	0.53%	13
Harnett	0.57%	14
Haywood	0.45%	11
Henderson	0.98%	24
Hertford	0.12%	3
Hoke	0.25%	6
Hyde	0.00%	0
Iredell	1.35%	33
Jackson	0.57%	14
Johnston	0.82%	20
Jones	0.04%	1

County	%	Number	County	%	Number
Lee	0.45%	11	Northampton	0.00%	0
Lenoir	0.37%	9	Onslow	0.74%	18
Lincoln	0.45%	11	Orange	5.17%	126
Macon	0.33%	8	Pamlico	0.12%	3
Madison	0.08%	2	Pasquotank	0.29%	7
Martin	0.04%	1	Pender	0.16%	4
Mcdowell	0.04%	1	Perquimans	0.04%	1
Mecklenburg	10.87%	265	Person	0.12%	3
Mitchell	0.08%	2	Pitt	2.95%	72
Montgomery	0.04%	1	Polk	0.00%	0
Moore	1.72%	42	Randolph	0.82%	20
Nash	1.07%	26	Richmond	0.21%	5
New Hanover	3.45%	84	Robeson	0.74%	18

County	%	Number
Rockingham	0.29%	7
Rowan	1.07%	26
Rutherford	0.33%	8
Sampson	0.33%	8
Scotland	0.41%	10
Stanly	0.16%	4
Stokes	0.21%	5
Surry	0.29%	7
Swain	0.12%	3
Transylvania	0.08%	2
Tyrrell	0.04%	1

County	%	Number
Union	0.70%	17
Vance	0.25%	6
Wake	11.89%	290
Warren	0.04%	1
Washington	0.00%	0
Watauga	0.82%	20
Wayne	1.15%	28
Wilkes	0.33%	8
Wilson	0.70%	17
Yadkin	0.16%	4
Yancey	0.00%	0