

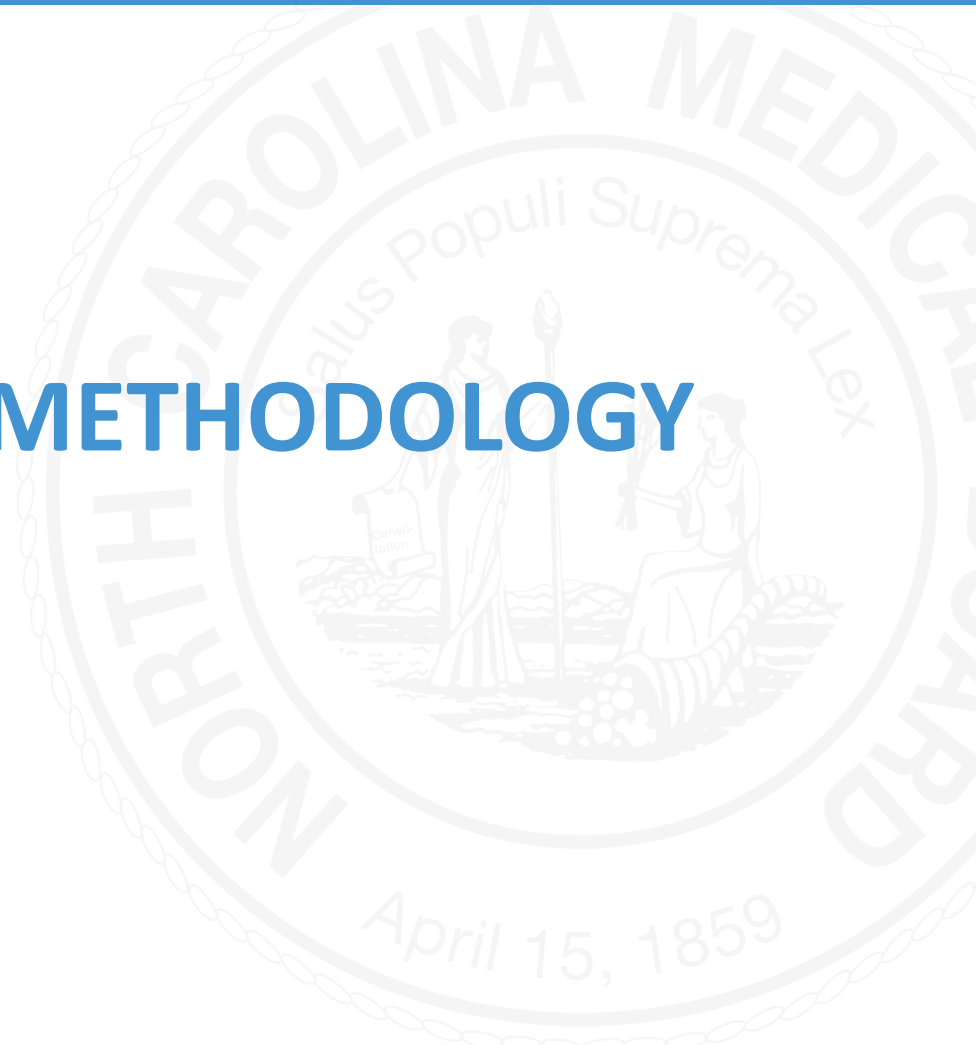
2023 NCMB Licensee Survey Results

July 2023



North Carolina Medical Board
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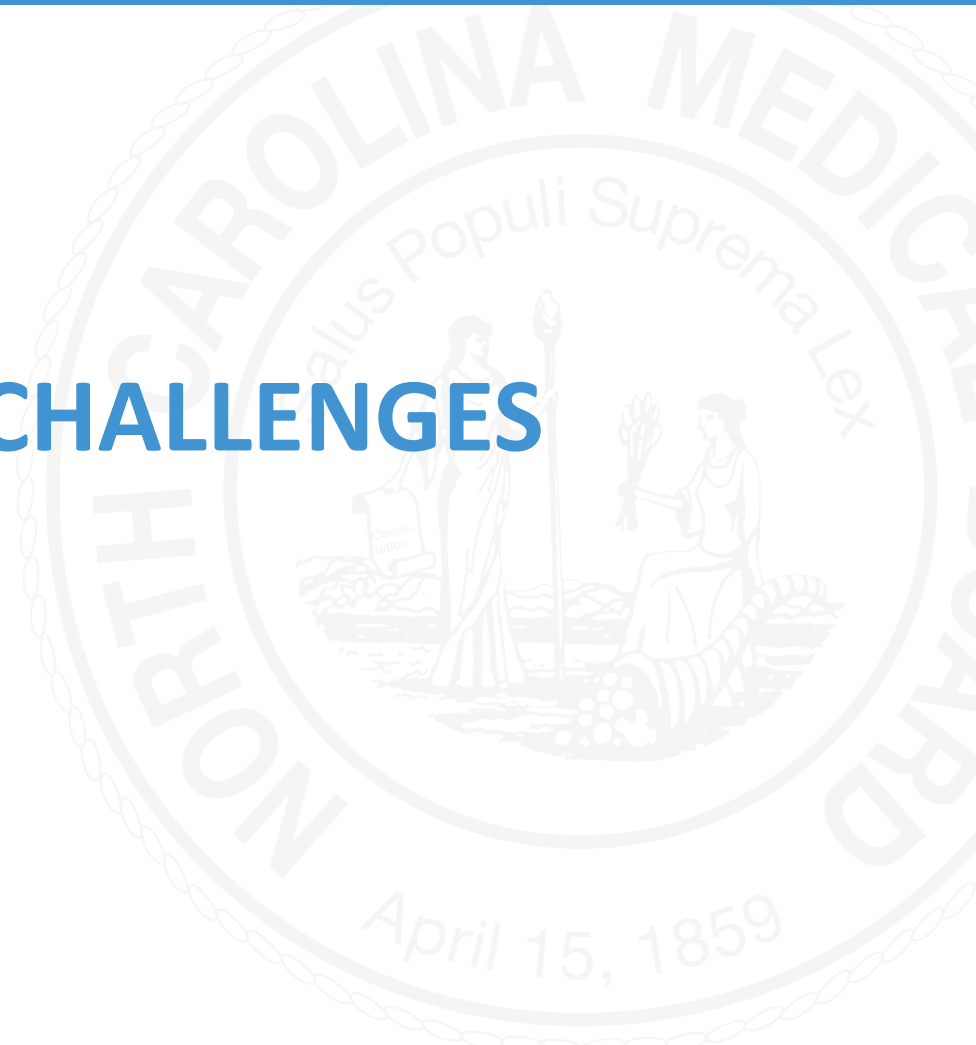
BACKGROUND & METHODOLOGY



Background & Methodology

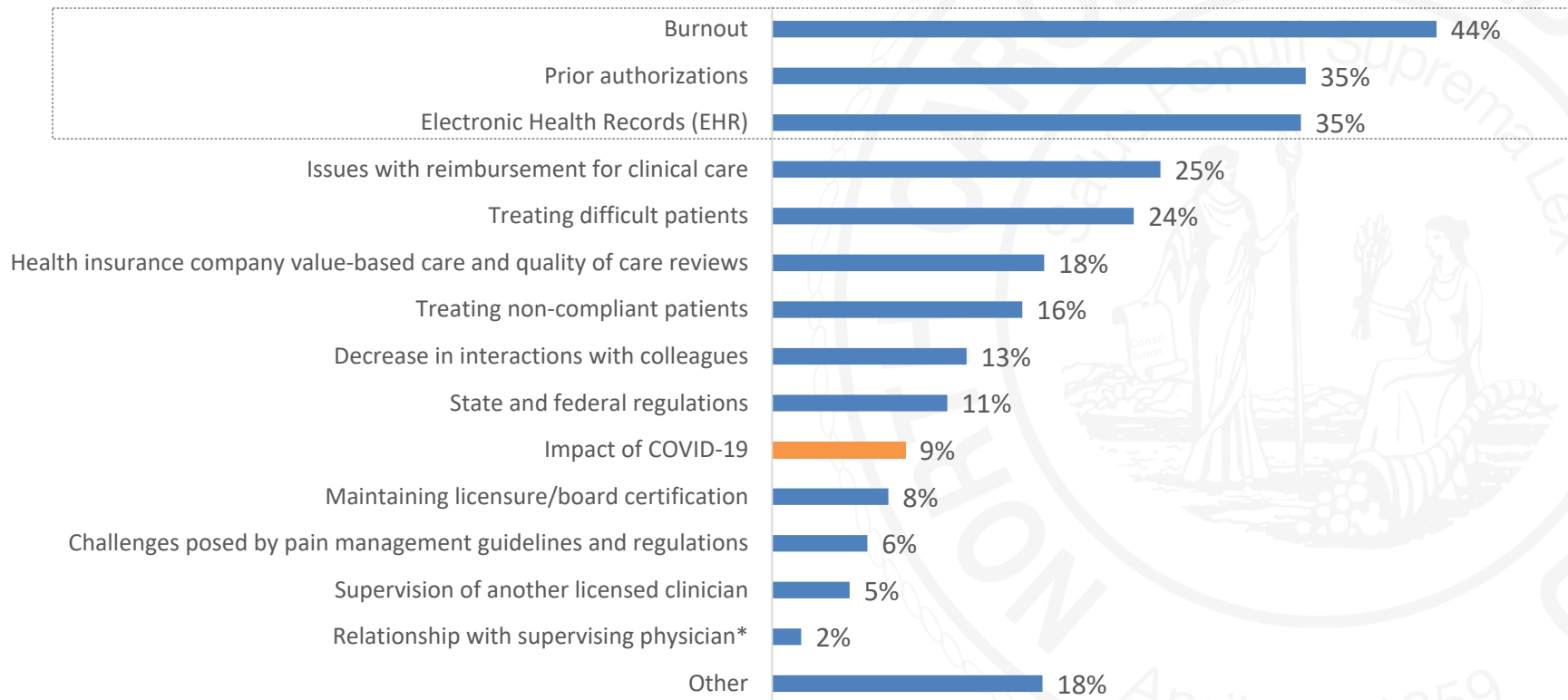
- NCMB selected a random sample of 18,492 licensees to receive survey invitations. Of these, a total of N=2,042 respondents completed the survey (11% response rate).
 - A sample size of N=2,042 yields a sampling error of +/- 2.2 percentage points. The margin of error for any specific sub-group will be higher and dependent on sub-group sample size
- The approximately 12-minute survey was hosted and distributed by Flow Strategy, a third-party research firm, and covered such topics as:
 - Employment Challenges
 - Mental/Emotional Health & Burnout
 - Opioid Prescribing & Changes to Prescribing Behaviors
 - Implementation of Telemedicine
 - Interactions with NCMB

FACING TODAY'S CHALLENGES



Professional Challenges

- Medical practitioners face myriad professional challenges

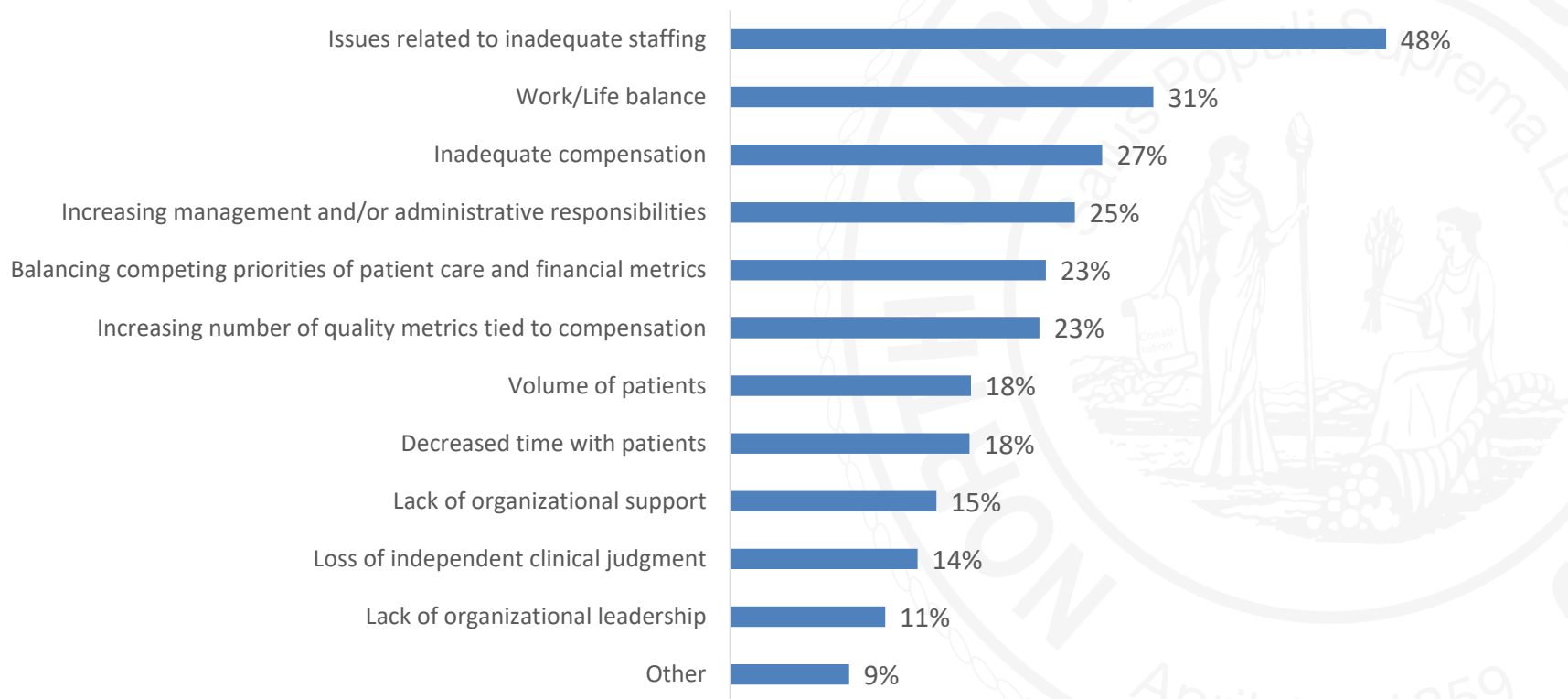


Base: Non-Retired Practitioners, N=1,890 * Asked only among PAs, N=394

Q14. Looking at the list below, please select up to 3 challenges, obstacles, and/or barriers you are currently experiencing while providing clinical care.

Employment Challenges

- Staffing challenges, common across all industries during and post-COVID, are impacting almost half of all practitioners

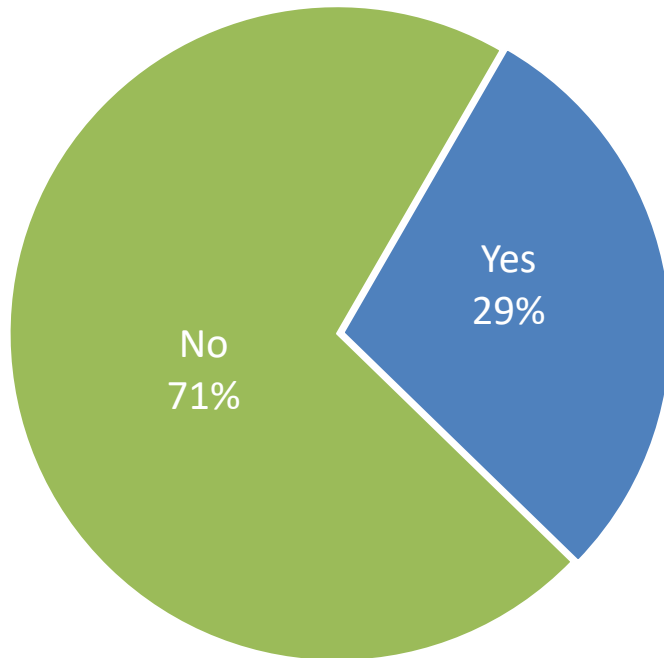


Base: Non-Retired Practitioners, N=1,890

Q15. Looking at the list below, please select up to 3 challenges, obstacles, and/or barriers you are currently experiencing in the workplace.

Violent Incidents with Patients

- Shockingly, almost 1 in 3 practitioners have experienced or witnessed a violent incident with a patient over the past year — and these incidents have an impact on their mental health and wellbeing



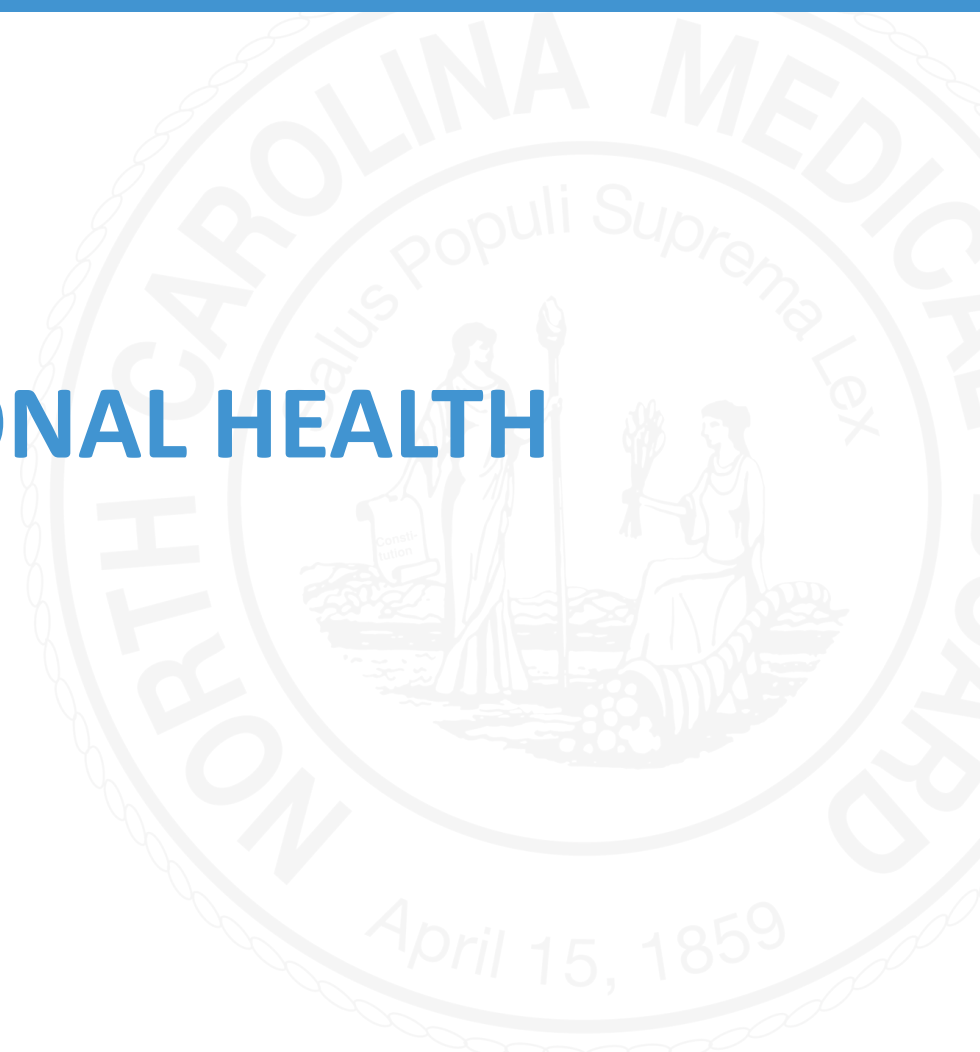
62%

of those who have experienced or witnessed a violent incident with a patient report experiencing burnout — compare to only 48% of those who have *not* witnessed such incidents

Base: Non-Retired Practitioners, N=1,890

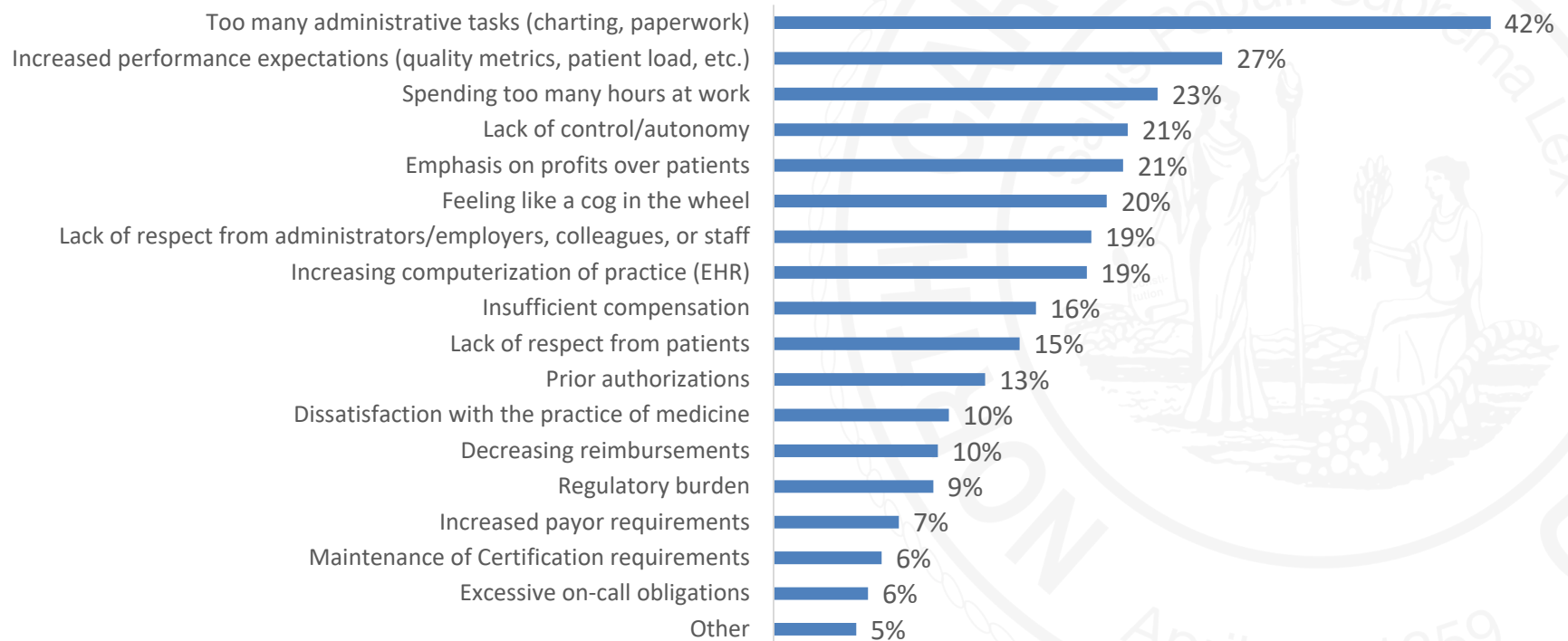
Q16. Have you experienced or personally witnessed one or more violent or potentially violent incidents involving a patient in the last 12 months?

MENTAL/EMOTIONAL HEALTH & BURNOUT



Perceived Causes of Burnout

- There are many culprits to burnout among medical practitioners, with administrative tasks topping the list (42%)

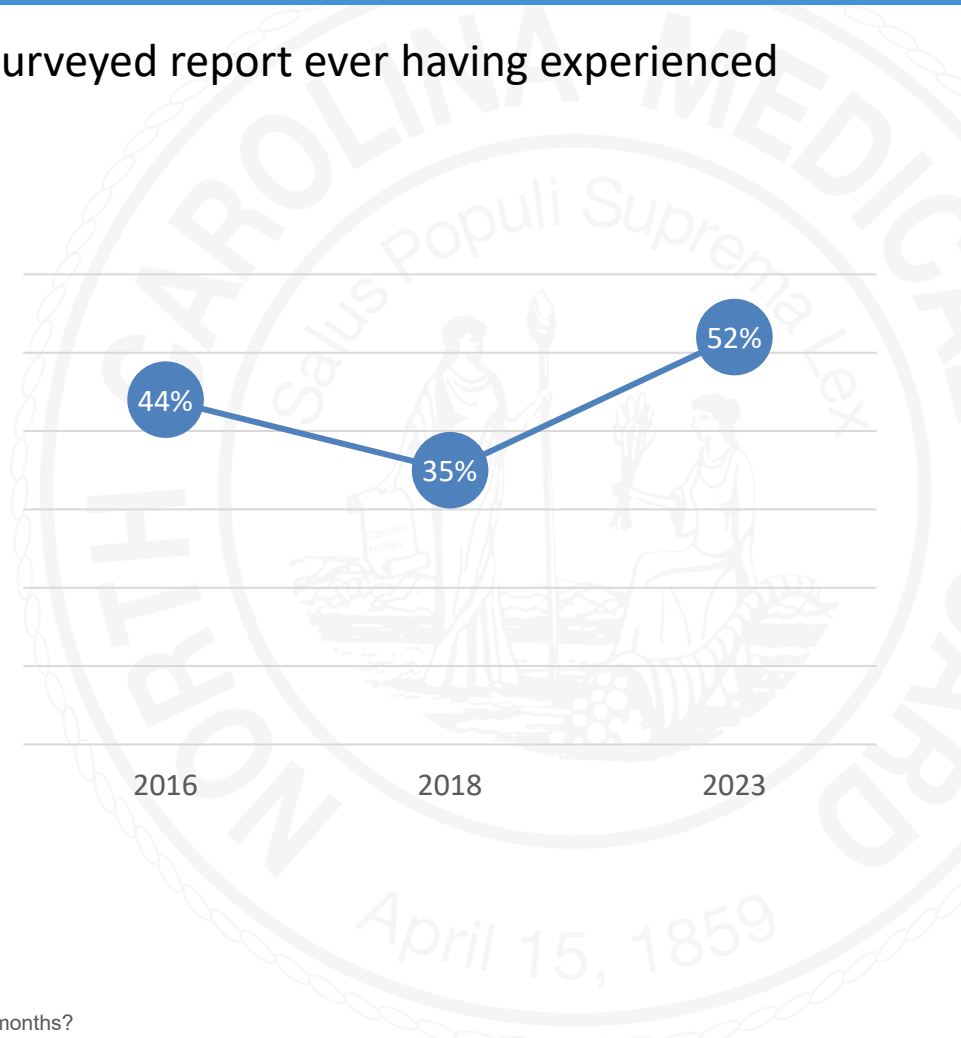
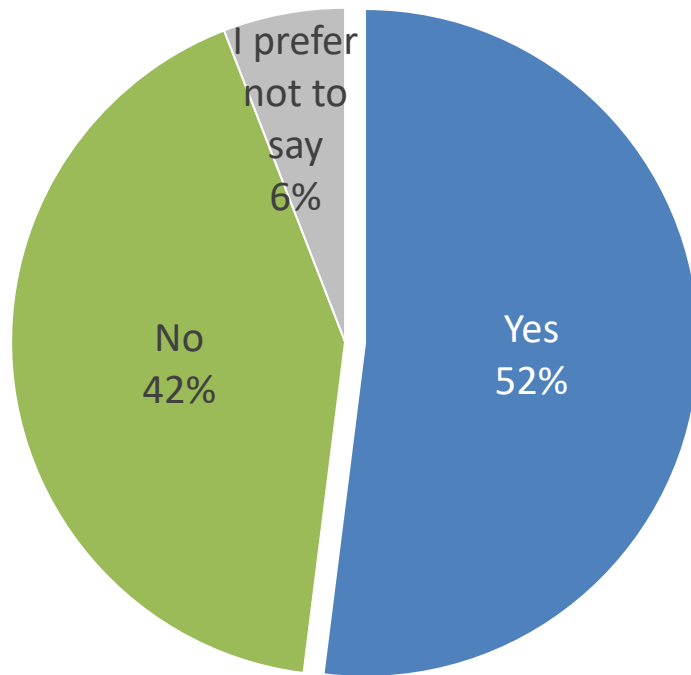


Base: Non-Retired and Non-Administrative Practitioners, N=1,864

Q17. Based on what you know about burnout/occupational stress, which of the following factors are primarily responsible for burnout/occupational stress? Pick up to three.

Experiences With Burnout

- About half of all medical practitioners surveyed report ever having experienced burnout

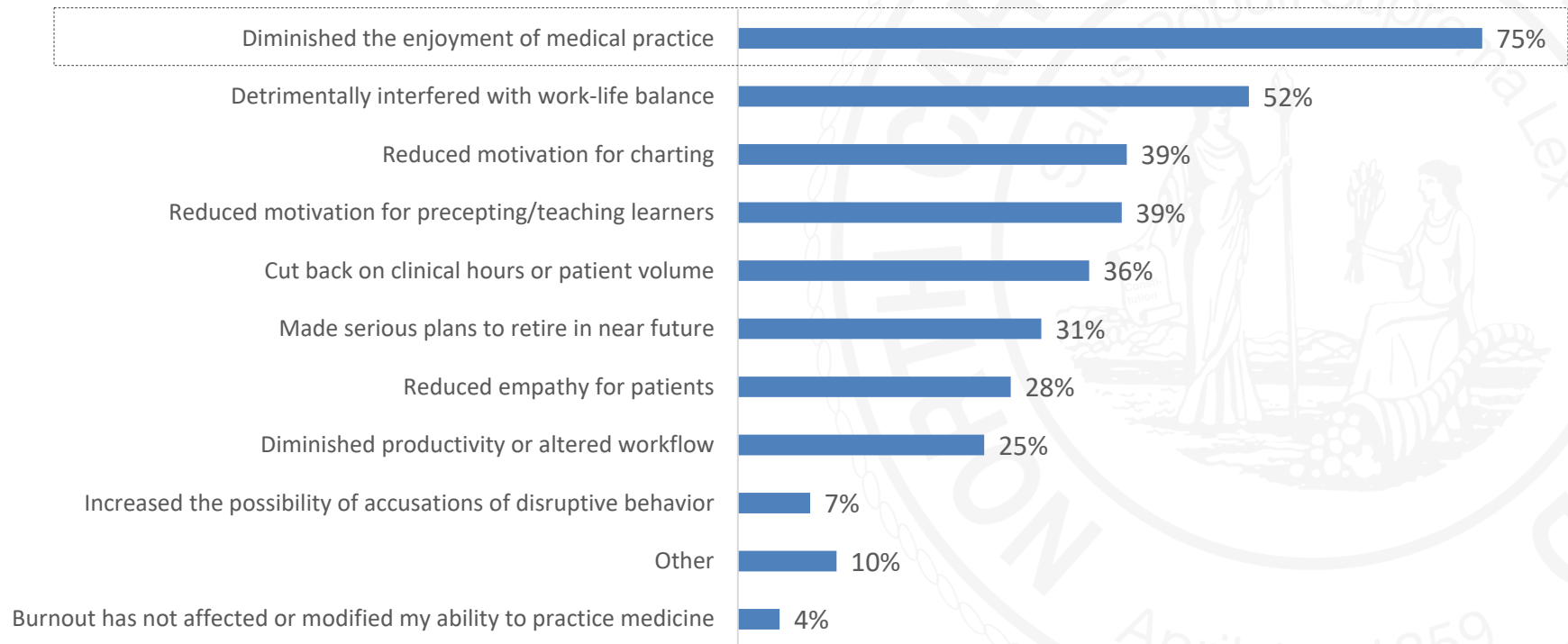


Base: Non-Retired and Non-Administrative Practitioners, N=1,864

Q18. Have you ever personally experienced burnout/occupational stress that lasted more than 3 months?

Impact of Burnout

- Burnout has a serious impact on practitioners' quality of life *and* on the quality of care they are able to provide

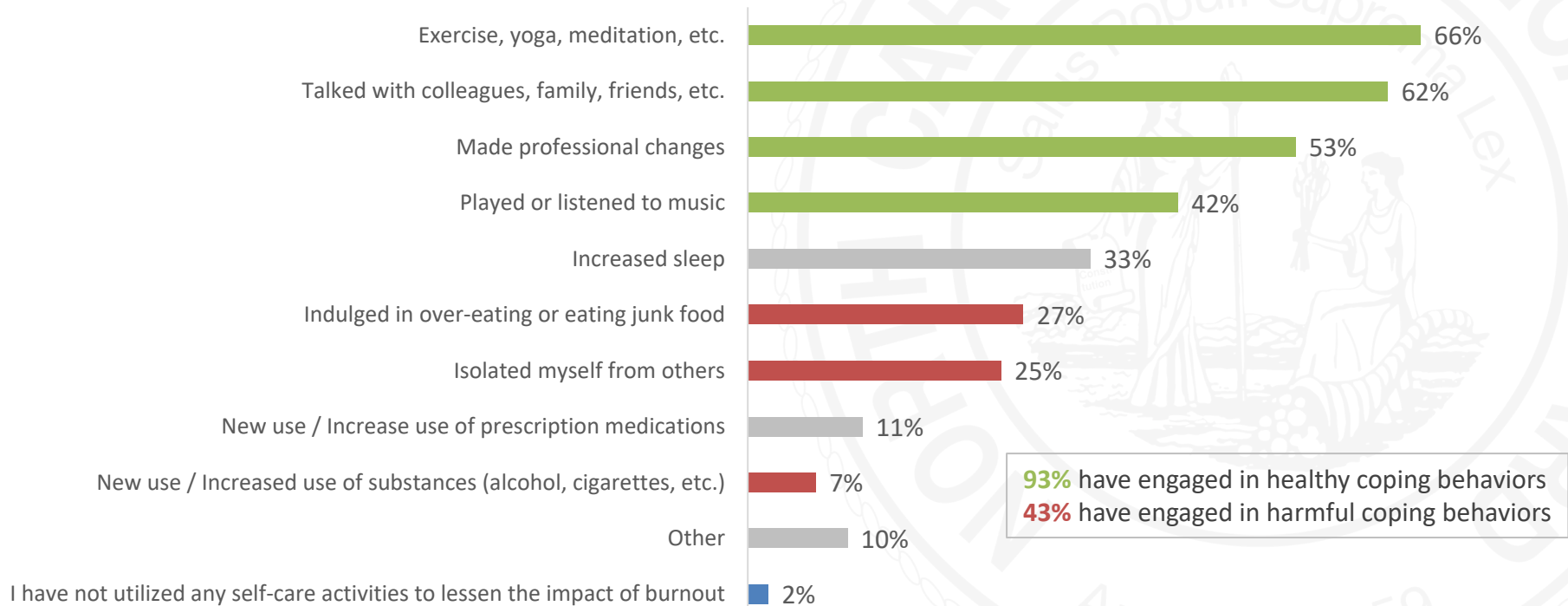


Base: Practitioners Who Have Experienced Burnout, N=969

Q20. How has burnout/occupational stress affected or modified your ability to practice medicine?

Coping Mechanisms Used

- Many of those experiencing burnout have leveraged positive coping skills (outside of professional help), though a meaningful group have also engaged in more self-destructive coping mechanisms

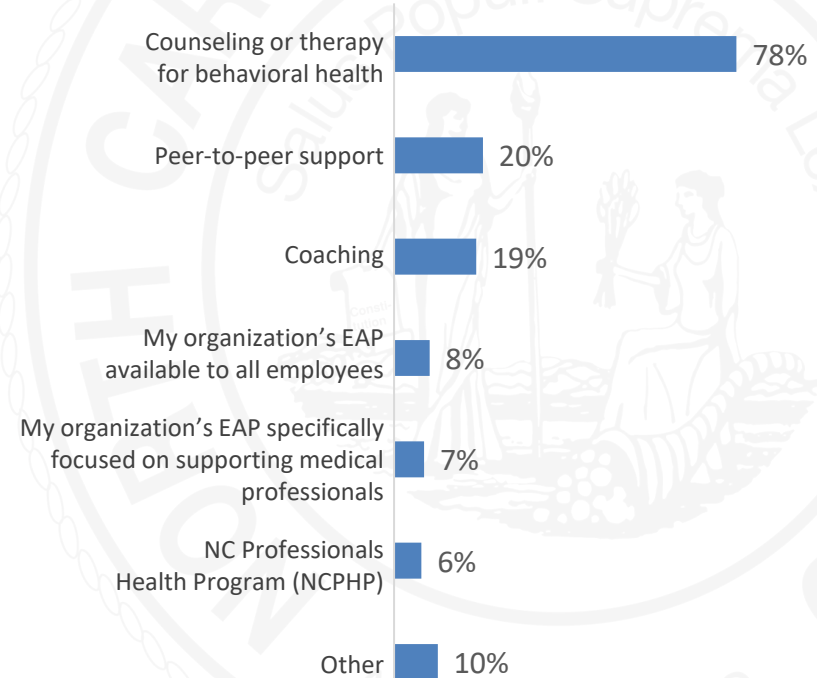
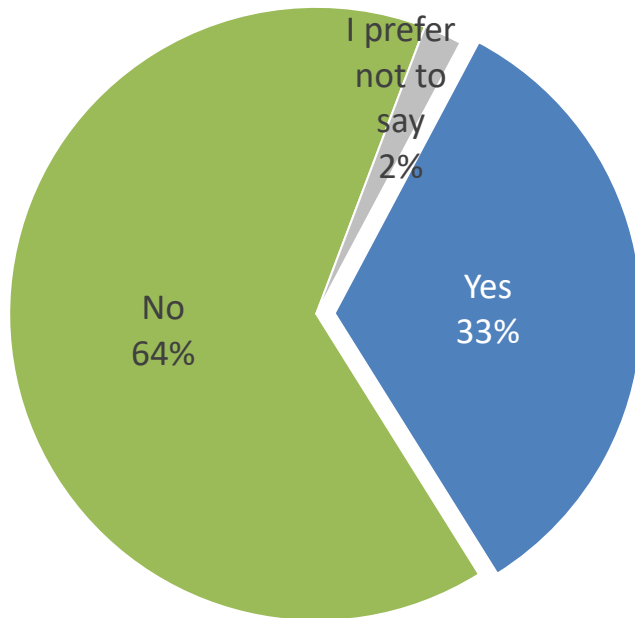


Base: Practitioners Who Have Experienced Burnout, N=969

Q22. Which, if any, of the following self-care activities have you utilized to lessen the impact of burnout/occupational stress?

Seeking Help for Burnout

- Compared to 2018, *far more* practitioners turned to professional support to address their burnout symptoms, most often turning to counseling/therapy

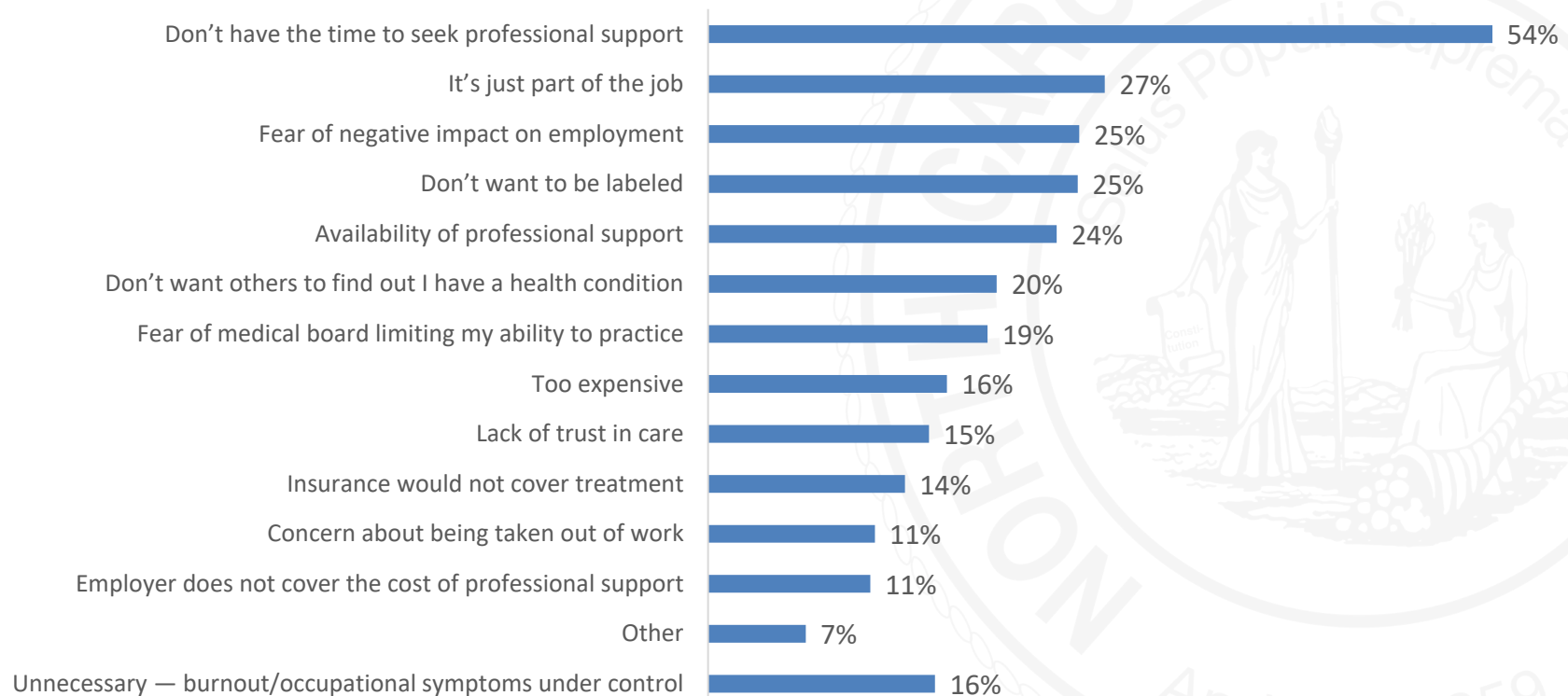


Base: Practitioners Who Have Experienced Burnout, N=969; Practitioners Who Sought Professional Support, N=322

Q23. Have you ever sought professional support beyond self-care activities to address burnout/occupational stress? / Q25. What type(s) of professional support did you receive?

Perceived Barriers to Seek Support

- Among those who have experienced burnout, more than half cite lack of time as a key barrier to seeking help



Base: Non-Retired and Non-Administrative Practitioners Having Experienced Burnout, N=969
Q26. What do you perceive to be the top barriers to seeking professional support for burnout/occupational stress?

Perceived Barriers to Seek Support

- Those who actually *do* seek support overcome a lot of barriers in order to do so

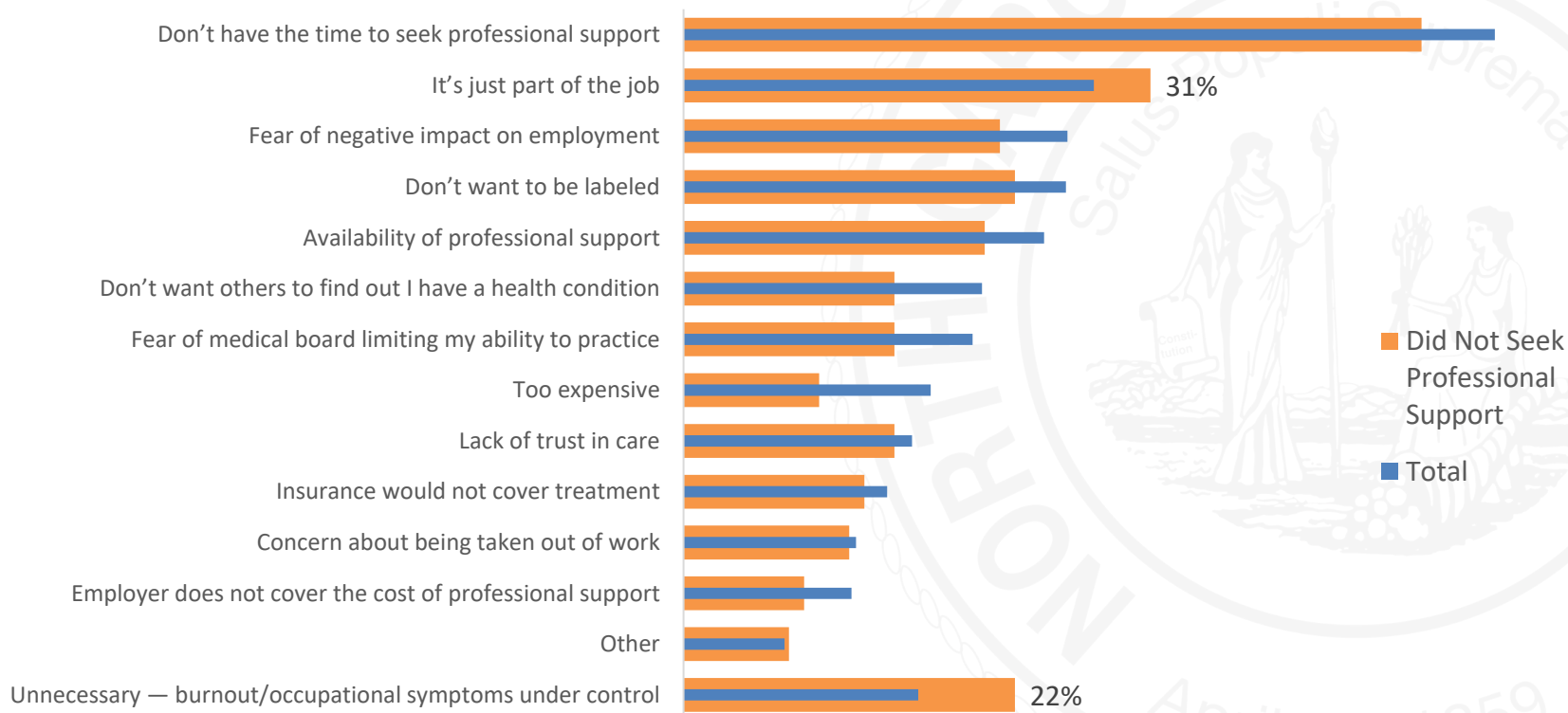


Base: Experienced Burnout and Sought Professional Support, N=322

Q26. What do you perceive to be the top barriers to seeking professional support for burnout/occupational stress?

Perceived Barriers to Seek Support

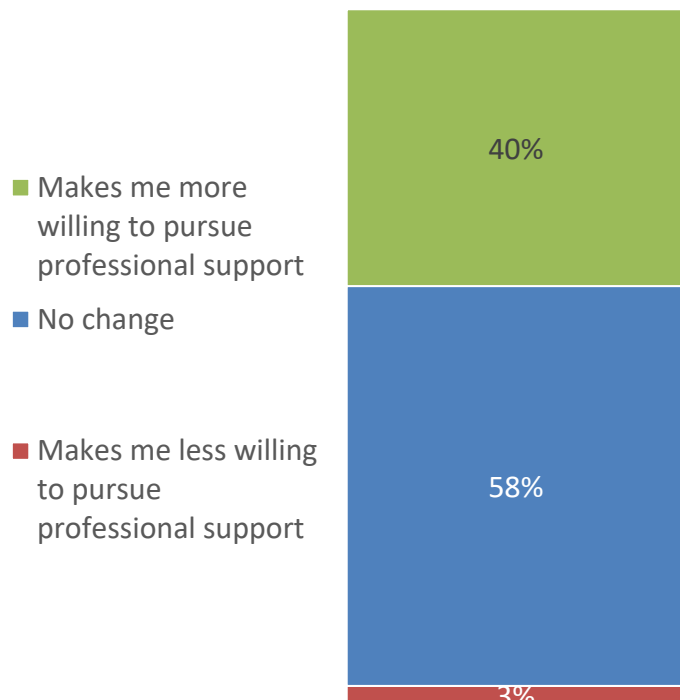
- Those who choose *not* to seek support are more likely to claim that burnout just comes with the territory and that their symptoms are under control



Base: Experienced Burnout and Did Not Seek Professional Support, N=623
 Q26. What do you perceive to be the top barriers to seeking professional support for burnout/occupational stress?

Impact of Changes to License Application and Annual Renewal

- In happy news, the change to the license application and annual renewal not to ask about health concerns, is neutral to positive



- Continue to eliminate questions related to substance use and abuse and streamline process to only ask questions that are truly necessary for safe patient care. The abundance of questions still promotes a climate of oversight and not self-policing.*
- End the stigmatization of mental health care for physicians. Removing the questions on the licensure application is a good first step*
- One of the largest barriers to care of the physician is fear of the NCMB taking action against a physician who is trying to help themselves and their patients by seeking support.*

Base: Non-Retired and Non-Administrative Practitioners, N=1,864

Q27. How, if at all, does this change affect your willingness to pursue professional support for mental or physical health concerns or burnout/occupational stress?

How NCMB Can Support Practitioners

- Key themes arise among practitioners when they are asked how NCMB can better support burnout and mental/physical health concerns

Addressing systemic issues in health care

- Advocating for policy changes and improved work conditions
- Reducing administrative burden, increasing autonomy, and streamlining non-clinical components
- Addressing corporate control and advocating for the patient-physician relationship
- Advocating for changes in regulation and reimbursement support

Providing support and resources for health care providers

- Normalizing and destigmatizing mental health challenges and seeking help
- Ensuring confidentiality and privacy when seeking help
- Providing more information on available resources and support

Encouraging better adherence to work-life balance and reducing workload

- Advocating for reasonable work hours and patient loads
- Promoting work-life balance policies and mandatory time off
- Addressing staffing issues

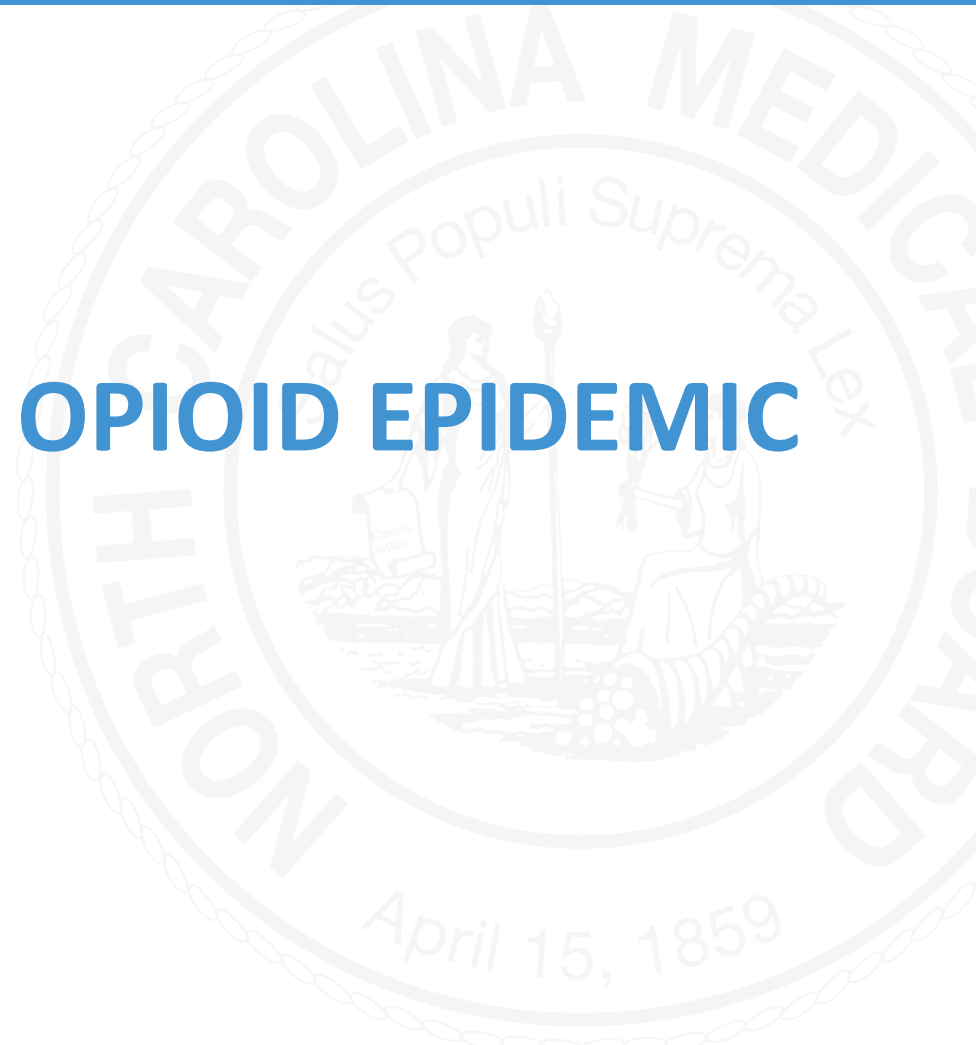
Advocating for medical practitioner wellbeing

- Encouraging employers to support mental health care and counseling services
- Seeking improved compensation, benefits, and professional support
- Promoting wellness activities and resources

Asked among Non-Retired and Non-Administrative Practitioners; Key themes identified in verbatim quotes

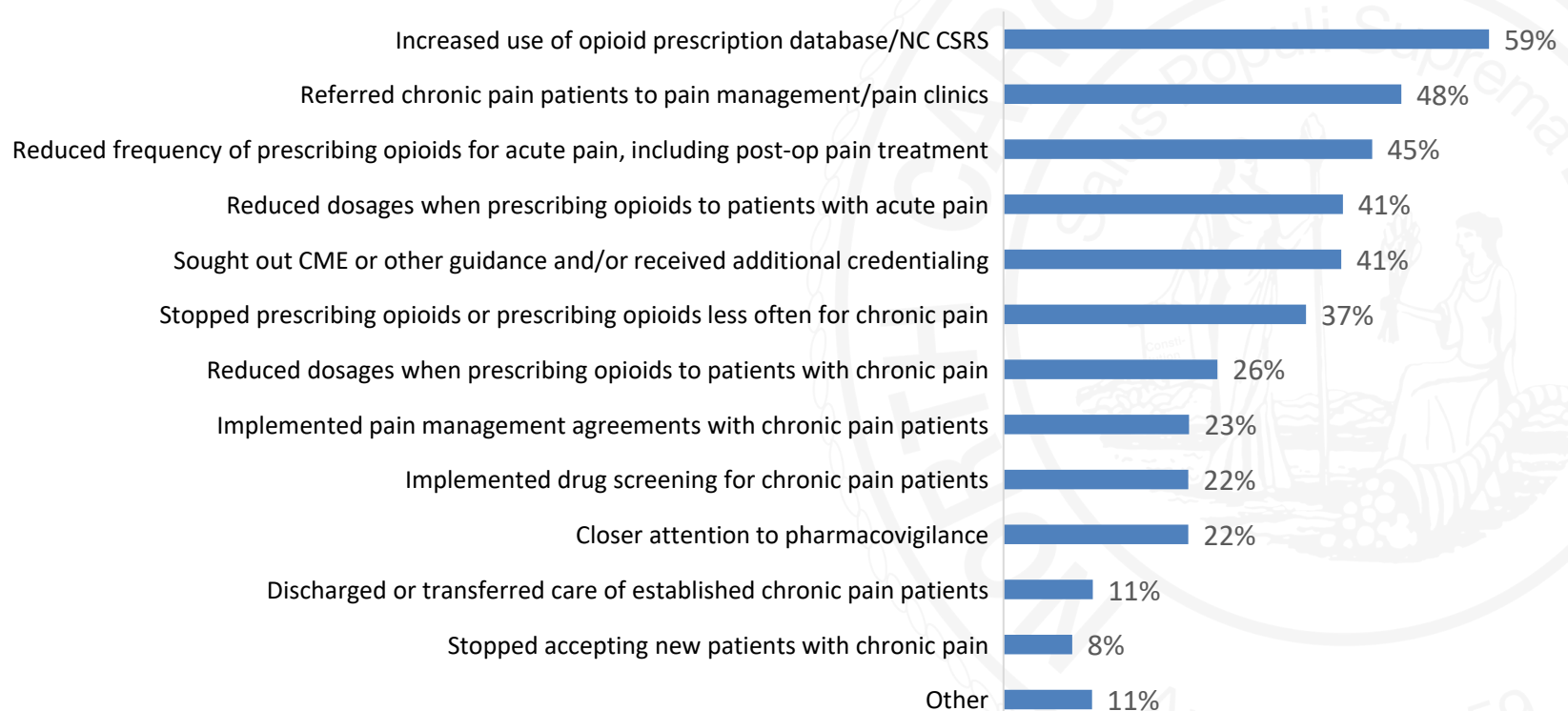
Q28. What can the NC Medical Board do to encourage licensees to seek the care they need for either mental or physical health concerns or for burnout/occupational stress?

ADDRESSING THE OPIOID EPIDEMIC



Changes Made to Address Opioid Epidemic

- The majority have increased their use of the opioid Rx database (59%), though many have also changed their prescribing behavior

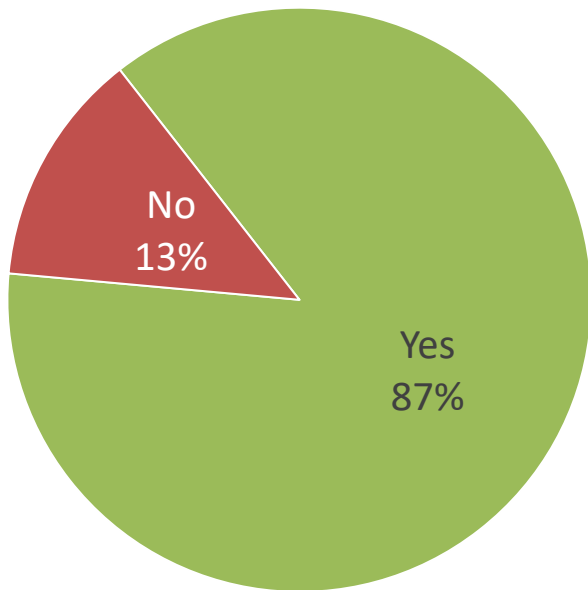


Base: Practitioners Who Have Made Changes to Practice, N=957
Q30. What changes have you made?

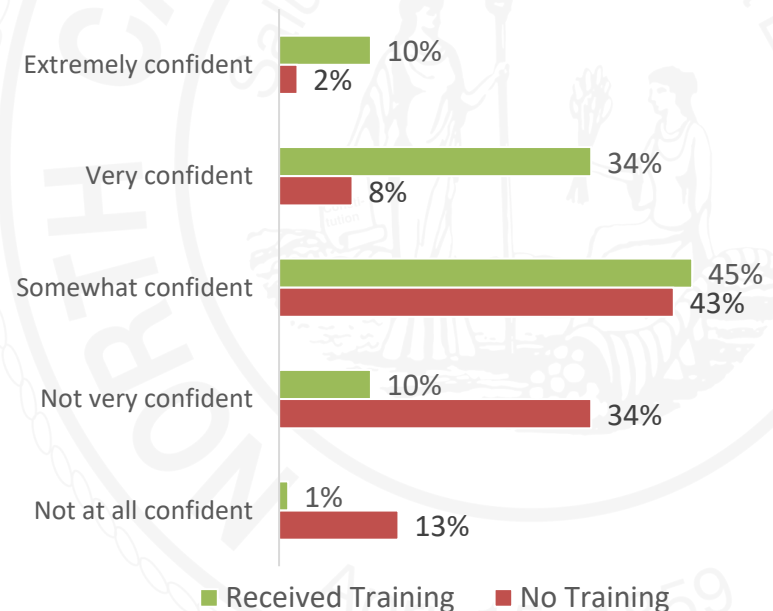
Recognizing Opioid Dependence and Addiction

- The majority of practitioners (87%) have received training on recognizing opioid dependence

Trained on Recognizing Opioid Dependence



Confidence in Distinguishing Dependence from Addiction

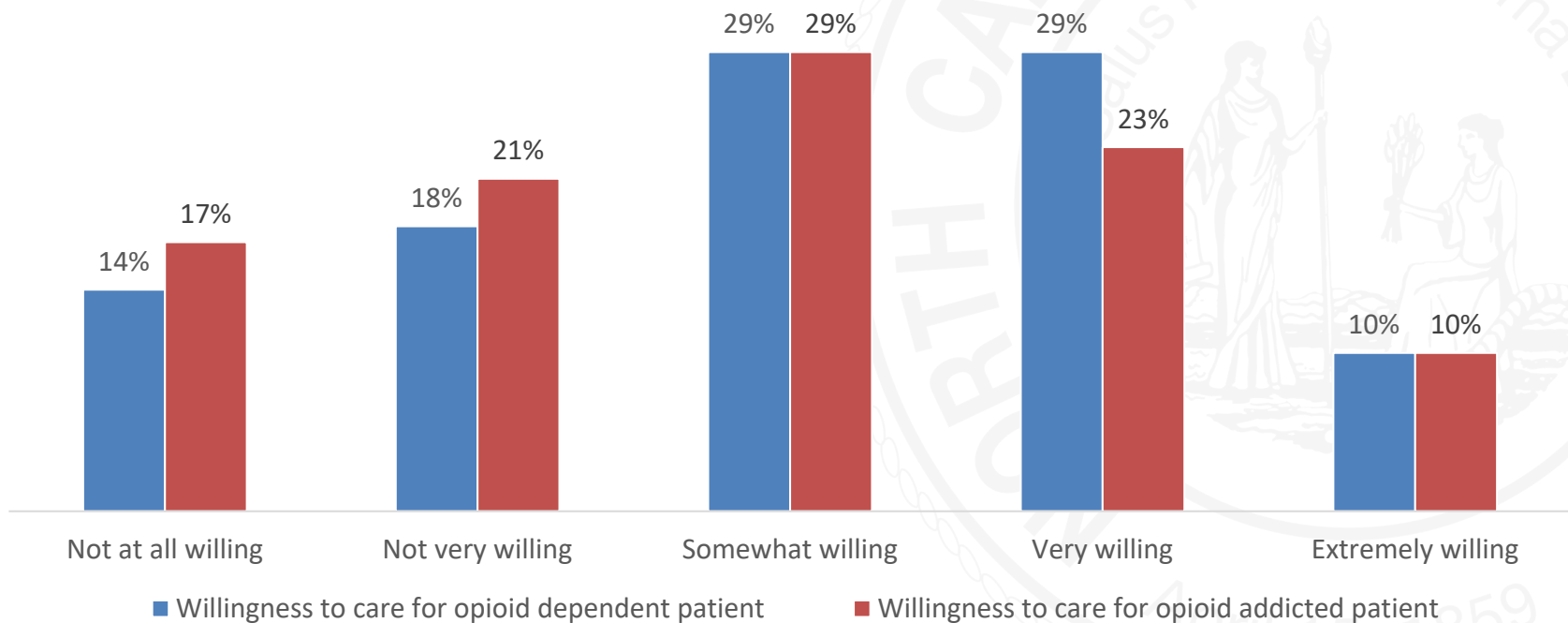


Base: Non-Retired and Non-Administrative Practitioners, N=1,864

Q31. Have you received training on recognizing signs of opioid dependence? / Q32. How confident are you in your ability to distinguish opioid dependence from opioid addiction?

Willingness To Treat Opioid Dependent/Addicted Patients

- With appropriate support, practitioners remain willing to support opioid patients, though slightly more willing to treat opioid *dependent* patients than opioid *addicted* patients

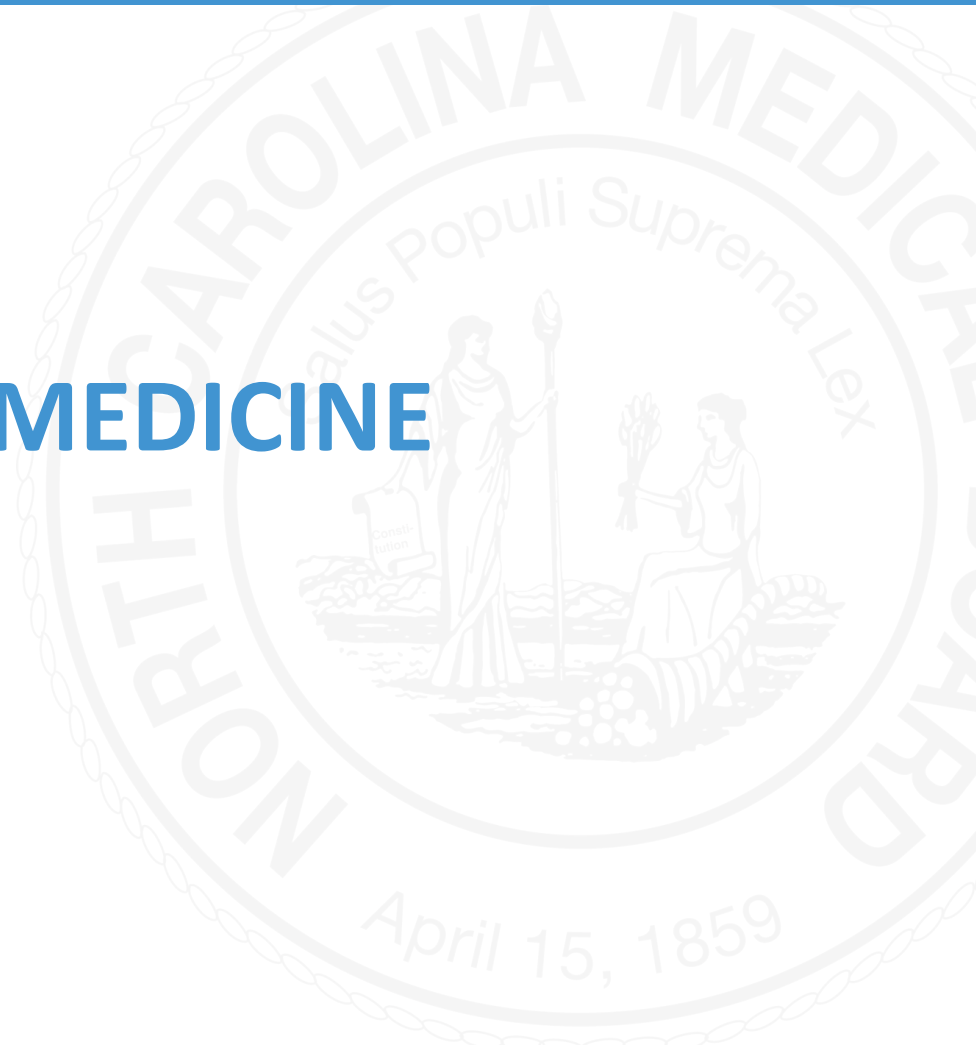


Base: Non-Retired and Non-Administrative Practitioners, N=1,864

Q33. How would you rate your willingness to care for an opioid *dependent* patient if specialty support were available?

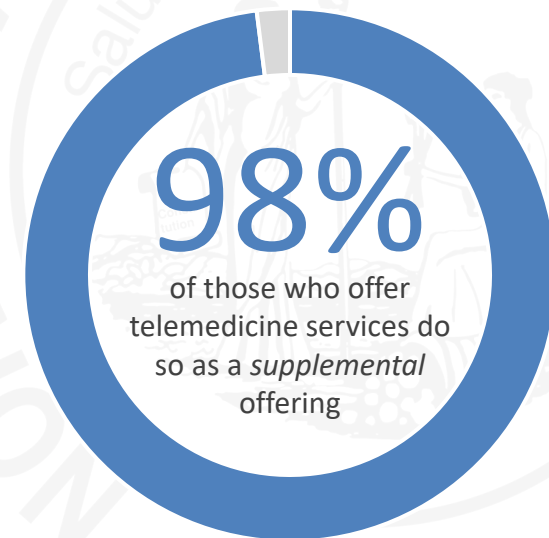
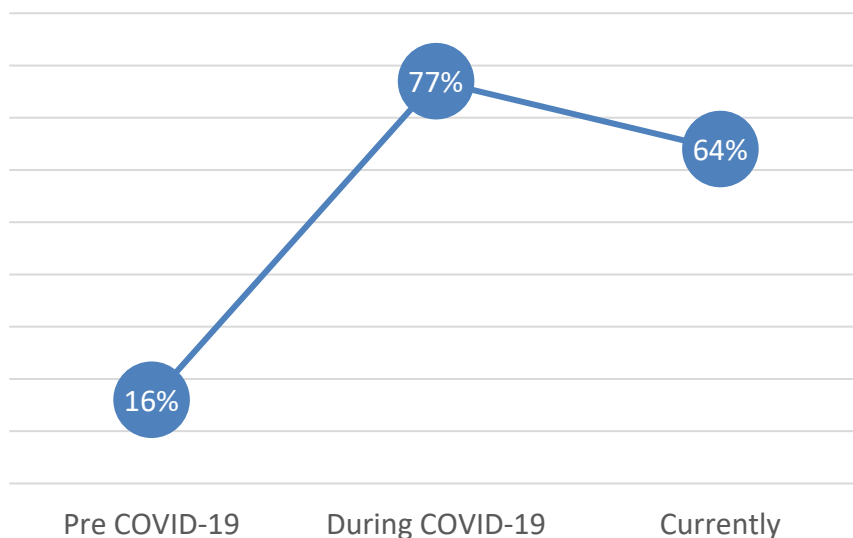
Q34. How would you rate your willingness to care for an opioid *addicted* patient if specialty support were available?

PRACTICING TELEMEDICINE



Offering Telemedicine Services

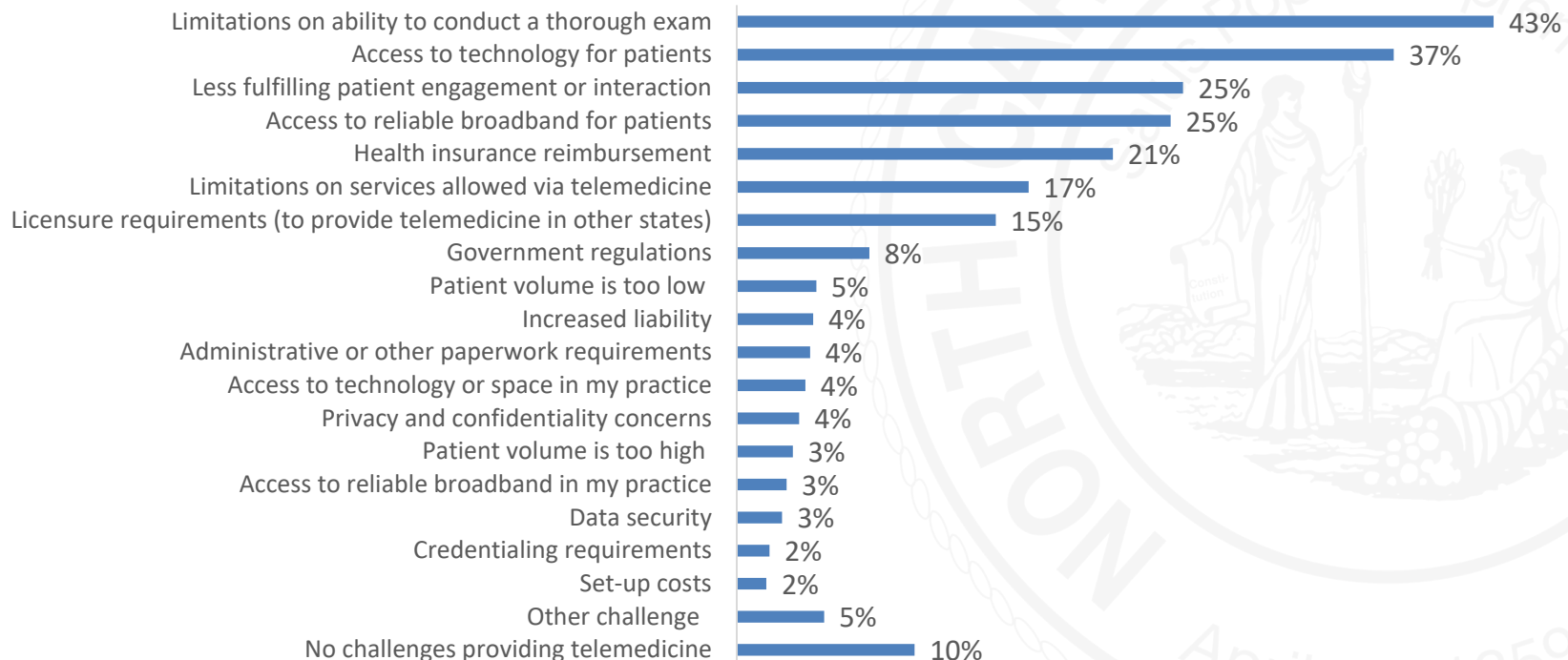
- Unsurprisingly, the adoption of telemedicine increased *dramatically* as a result of COVID-19
 - Use has declined somewhat post-COVID, but telemedicine is here to stay, with 4X more practitioners using telemedicine today as compared to pre-COVID



Base: Non-Retired, Non-Administrative, Clinical Practitioners, base varies by question between N=1,700-1,751; Currently Offers Telemedicine, N=1,126
Q35. Prior to the COVID-19 pandemic, did you offer telemedicine services in your practice? / Q36. During the COVID-19 pandemic, did you offer telemedicine services in your practice?
Q37. Do you currently offer telemedicine services in your practice? / Q38. Which of the following statements best describes your practice's approach to telemedicine?

Challenges in Offering Telemedicine

- Telemedicine does have its challenges, however, in both *patient care* (exam limitations, reduced rapport) and in *patient access to technology* (systems, broadband)

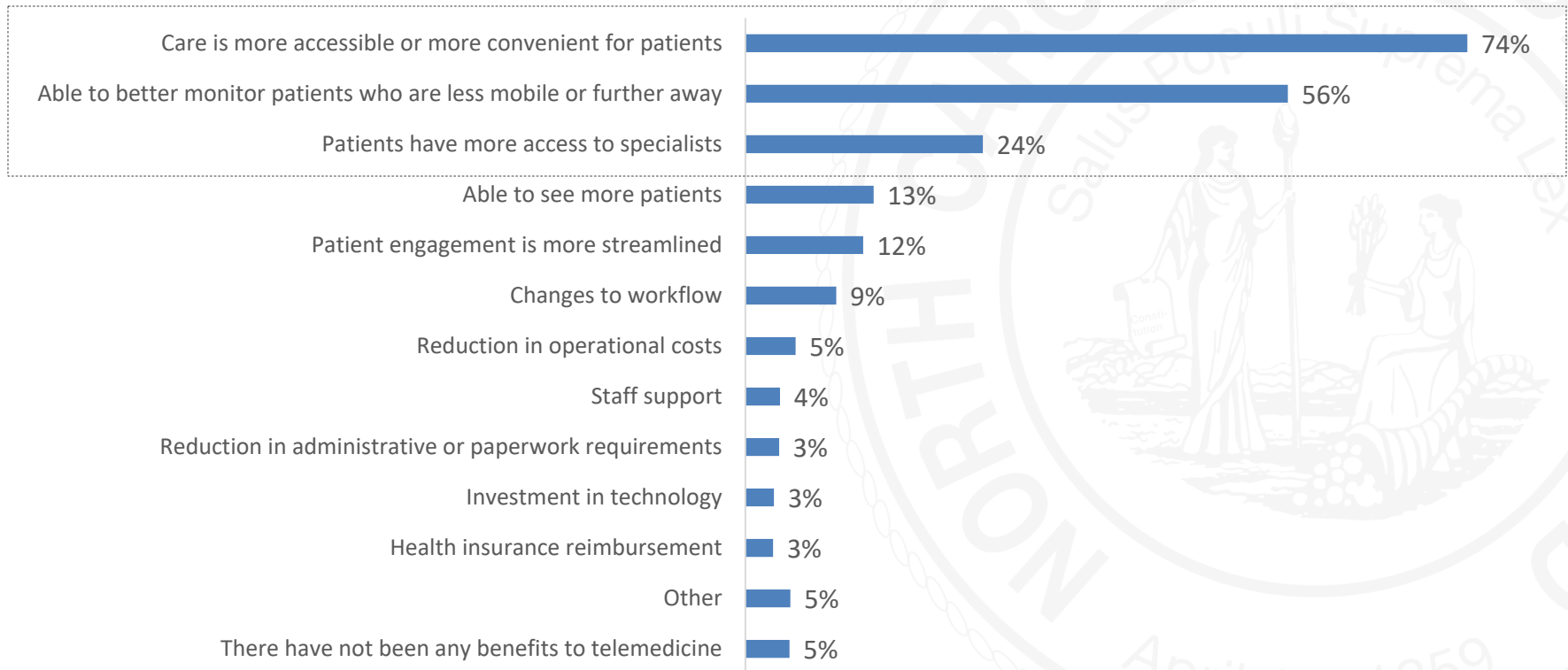


Base: Currently Offers Telemedicine, N=1,126

Q39. In the past 12 months, what have been the primary challenges to providing telemedicine services to patients?

Benefits to Offering Telemedicine

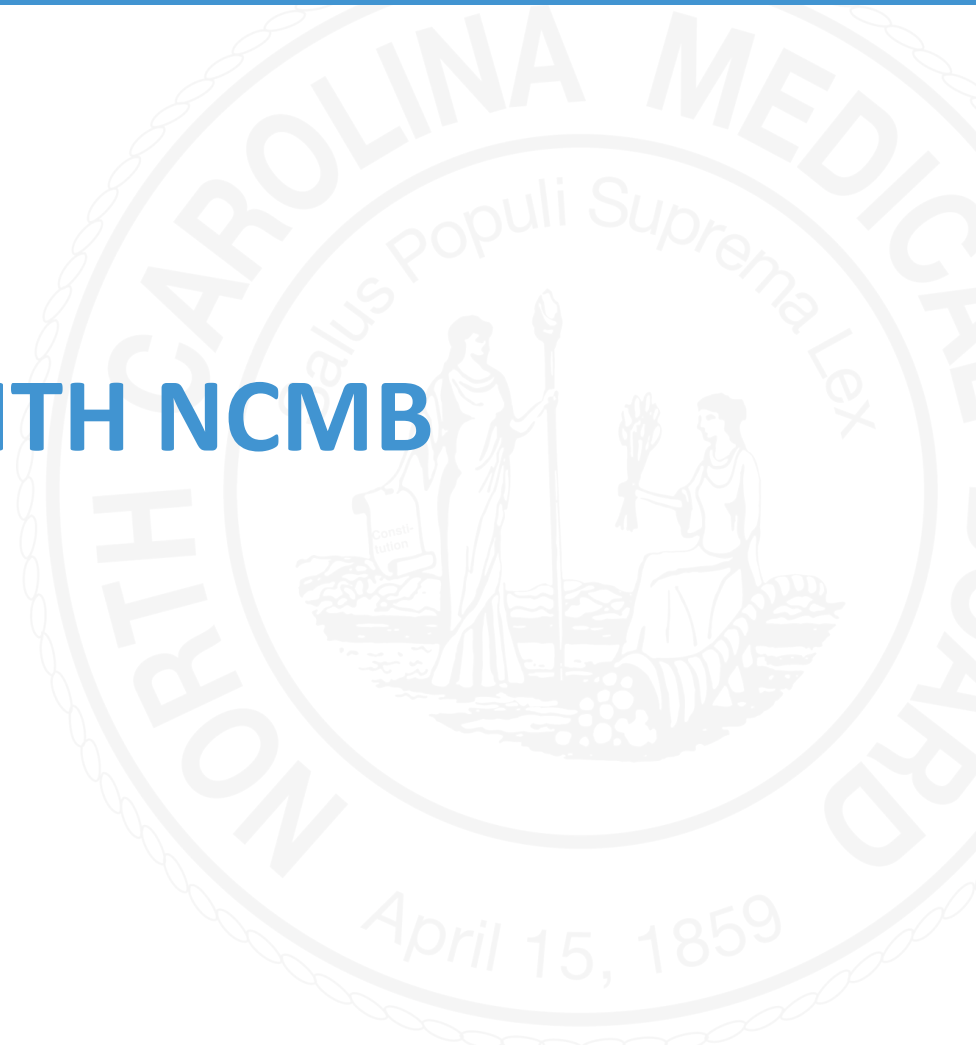
- Despite its challenges, telemedicine drastically improves access for patients, which is likely a key driver for many clinicians to keep it in practice



Base: Currently Offers Telemedicine, N=1,126

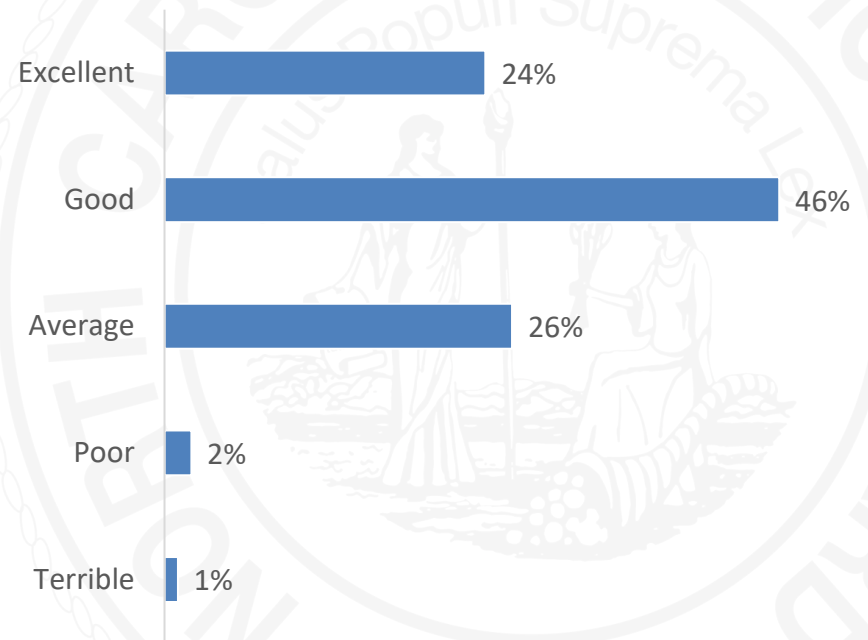
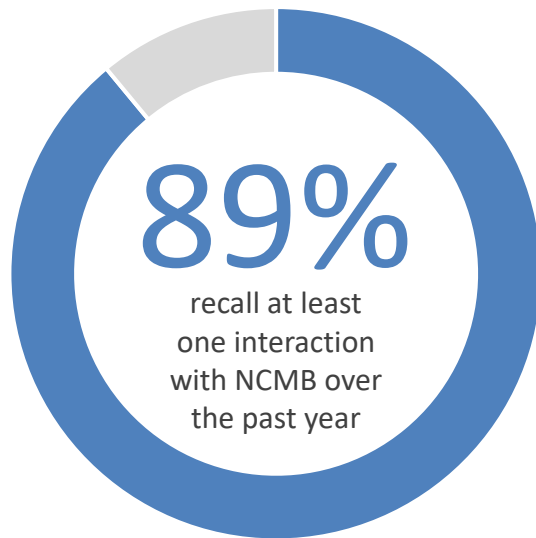
Q40. In the past 12 months, what have been the primary benefits to providing telemedicine services to patients?

ENGAGEMENT WITH NCMB



Interactions with NCMB — P12Mo

- The majority have engaged with NCMB over the past year, with these interactions largely positive



Base: Total Practitioners, N=2,042; Interacted with NCMB in Past Year, N=1,811

Q41. Which, if any, of the following types of interactions have you had with NCMB in the last 12 months?

Q42. Overall, how would you rate your experience with NCMB? This includes all interactions you have had with the organization, including the website, social media, presentations, staff, etc.

How NCMB Can Support Patients

- Key themes arise among practitioners when they are asked how NCMB can better support patients and their relationships with their health care providers

Supporting physician advocacy and autonomy

- Support legislation/requirements promoting physician autonomy, time off, and mental health support
- Advocate for physician-led care and address corporate consolidation of medicine
- Advocate for better reimbursement policies, reduce paperwork burden, and simplify prior authorization requirements

Educating and empowering patients

- Develop educational materials for patients explaining physician challenges and insurance hurdles
- Educate patients about health insurance limitations, obstacles in receiving care, and the role of different health care providers
- Provide more reference material on diseases and general health issues

Advocating for improved trust and communication

- Launch a media campaign to restore trust between the medical community and the public
- Improve communication with the public about the board's role and actions
- Simplify communication and use understandable language to increase understanding and trust

Health care advocacy and equity

- Advocate for universal health care and equitable access to health care (women's health care, LGBTQIA health care)

Asked among Total Practitioners; Key themes identified in verbatim quotes

Q46. Is there one thing NCMB could do to better serve patients and/or have a positive impact on patient-physician/PA interactions?

Thank You



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