2010 Physician Sentiment Index℠
Taking the Pulse of the Physician Community

athenahealth & Sermo
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Introduction

As the country braces for the biggest transformation of health care in a generation, few have bothered to ask the U.S. physician community what they think of all this change. Is their ability to offer quality care going to be improved or hampered? Is the business of practicing medicine getting any easier – or is it getting harder? To get answers and to take the pulse of physicians, athenahealth has partnered with Sermo, the world’s largest online community for physicians, to conduct a first-of-its-kind Physician Sentiment Index (PSI).

In this first annual index, 1,000 physicians – representing a full range of specialties, regions, and practice sizes – responded to questions revealing pain points and frustrations with the business of medicine, reimbursement protocols, government’s hand in health care, EHRs and other variables that could either make or break the delivery of quality care in the U.S.

Below are some of the key insights that emerged from the 2010 PSI.
Participant Sample Summary

- The results of this survey are based on the responses of 1,000 physicians – representing a full range of specialties, regions, and practice sizes – who participate in the Sermo network.

- Most physicians surveyed work in small offices comprised of 25 or fewer physicians.

- About half of those surveyed are part of an independent practice, while 38% say their practice is owned by a larger institution. Twenty-five percent are affiliated with a hospital, IDN or academic institution.

- Physicians surveyed spend most of their time in the office and about one-third of their time in the hospital.

- About one-third use a billing service.

- Two-thirds of those surveyed say they have at least some influence over billing and administrative decisions and one-quarter describe themselves as the primary decision maker.

- Further details regarding the demographics of the Sermo member base, including breakdown by specialty, age, gender, and geography, are included in the appendix at the end of this report.
Q1. Which best describes your practice size:

- 1 to 3 physicians: 24%
- 4 to 25 physicians: 41%
- 26 to 149 physicians: 19%
- 150 or more physicians: 17%

Q4. Do you use an outside billing service?

- Yes: 10%
- No: 61%
- I don't know: 30%

- Most respondents work in offices of 25 or fewer physicians.
- Thirty percent of respondents use a billing service.
Q2. Is your practice (select all that apply):

- An independent practice (I own my practice or I'm a partner in my practice) 45%
- Owned by a hospital or network (I'm an employee) 38%
- Affiliated with a hospital, IDN or academic institution 25%

Q3. What percentage of your clinical time do you spend in the following locations (mean percentage shown):

- In a hospital 36%
- In an office 60%
- Other 4%

- Almost half of physicians are involved with an independent practice, while 38% work as an employee in a network or hospital-owned practice.
- Respondents report that the majority of their time is spent in the office.
Most respondents have some level of influence over billing and administrative decisions. Only 6% have no knowledge of decisions when they are made.
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### Key Insights

**Doctors are pessimistic about the future of care**

- **Physicians’ perspectives on the future of medicine and their ability to practice independently is largely negative.** There is a feeling that they have lost control over their profession.
  
  - Sixty-four percent cited the current health care environment as somewhat or very detrimental to their delivery of care.
  - Fifty-nine percent believe the quality of medicine in the U.S. will decline in the next 5 years.
  - Only 22% are optimistic about the ability of physicians to practice independently or in small groups.

**Insurers are compromising doctor livelihoods and patient care**

- **Frustration with payers changing reimbursement protocols and regulations is universal among physicians.** They want to render service and care, not worry about third parties influencing decisions about who they can treat, how they treat, and the kinds of outcomes they can effect.
  
  - Ninety-two percent agree that getting paid by insurers has become increasingly burdensome and complex.
  - More than 75% believe payers inhibit the care they would like to provide their patients.
  - Only 16% say they are basing their clinical decisions on what they think is best for the patient rather than what payers are willing to cover.
### Key Insights

**Remaining barriers to EHR adoption are real and daunting**

Doctors’ opinions on EHRs are highly favorable, signaling readiness for adoption. Yet, high costs and other barriers could compromise the government’s $19 billion dollar effort to spur adoption.

- Eighty-one percent have a favorable opinion of EHR systems in general, yet only 51% think they are designed with the needs of the physician in mind.
- Most doctors consider EHRs too expensive to purchase (90%), to install (89%) and to maintain (81%).
- Fifty-four percent believe that EHRs slow doctors down during patient exams.

**Most physicians don’t see more government involvement as a solution**

On the eve of historic health care reform legislation, more than half of physicians surveyed disagree that more active government involvement in health care can either lower costs or improve outcomes.

- Fifty-three percent believe P4P will have a negative/very negative impact on the effort required to get paid.
- Fifty-four percent disagree that more active government regulation of health care can improve outcomes; less than 25% feel otherwise.
- Eighty-one percent agree that getting paid by Medicare has become more burdensome and complex; for Medicaid it is 83%.
Despite their calling to care for patients, many physicians are required to step into a business role if they want to practice independently.

- Most respondents report that they have at least a vague understanding of cash flow. However, only one-quarter actually define the concept correctly.
- Respondents are slightly less confident regarding their understanding of accounts receivable, though they are much more likely to define it correctly.
- Respondents agree that staffing is a major challenge.
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The Future of Healthcare Summary

• Overall, physicians surveyed convey a negative outlook for the future of healthcare.
  – Physicians are roughly split in thirds regarding whether their practice’s financial performance next year will be better, the same, or worse than this year. However, 59% say they expect the quality of medicine will decline in the next five years.
  – In addition, 65% say the current climate is detrimental to providing high quality care and 62% are not optimistic about the future prospects for independent practices.
• Also, few (22%) are optimistic that American physicians can continue to practice independently or in small groups.
• Respondents are somewhat pessimistic regarding the impact of the current state of healthcare on their ability to deliver high quality care.
Results
Next Year Financial Outlook

Q31. Looking forward, I believe my financial situation next year will be:

- 5% Much better than this year
- 24% Somewhat better than this year
- 38% The same as this year
- 29% Somewhat worse than this year
- 5% Much worse than this year

• Respondents’ optimism regarding their practices financial outlook for the next year emerges as a bell curve, with about one-third optimistic, one-third pessimistic, and one-third expecting no change.
Results
Next Five Years Outlook

Q38. Are you optimistic about the capability of American physicians to practice independently or in small groups in the future?

- Yes: 22%
- No: 62%
- I don't know: 17%

Q39. Do you think the quality of medicine will:

- Improve in the next 5 years: 23%
- Decline in the next 5 years: 18%
- Remain unchanged in the next 5 years: 59%

• They are also pessimistic regarding the five-year prospects for the quality of medicine and the strength of independent practices.
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Physicians vs. Payers Summary

- Frustration with payers’ changing reimbursement protocols and regulations is universal and strong among physicians. They want to render service and care and not worry about how third parties inhibit their ability to care for their patients.
  - 92% agree that getting paid by insurers has become increasingly burdensome and complex.
  - 77% percent agree that the time spent dealing with payers and third parties compromises time spent with patients.
  - Only 16% say they are basing their clinical decisions on what they think is best for their patients rather than what payers will cover.
Results

Payer Roles

Q35. How strongly do you agree with each of the following statements (% Choose)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Agree+</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The time and effort required to get reimbursed by payers is increasing</td>
<td>9%</td>
<td>41%</td>
<td>50%</td>
</tr>
<tr>
<td>The time I spend interacting with payers and third parties inhibits my ability to spend time with patients</td>
<td>18%</td>
<td>38%</td>
<td>39%</td>
</tr>
<tr>
<td>My clinical decisions are being based more and more on what payers are willing to cover rather than what I think is best for my patients</td>
<td>20%</td>
<td>36%</td>
<td>28%</td>
</tr>
<tr>
<td>Payers inhibit the care I would like to provide to my patients</td>
<td>16%</td>
<td>42%</td>
<td>34%</td>
</tr>
<tr>
<td>The administrative costs that my practice incurs in order to comply with payer rules and regulations significantly affects my bottom line</td>
<td>14%</td>
<td>41%</td>
<td>43%</td>
</tr>
<tr>
<td>Payers have become more intrusive into the physician-patient relationship</td>
<td>9%</td>
<td>37%</td>
<td>53%</td>
</tr>
</tbody>
</table>

- Overall, respondents agree that payers have become more intrusive and that getting paid has become more difficult.
Results
Burden of Getting Paid

Q32/33/34. Please indicate the degree to which you agree with the following statement:
(% Choose)

- Respondents agree that getting paid by all types of payers has become increasingly burdensome and complex.
- Physicians see the biggest change with private insurers. More respondents strongly agree that getting paid by insurers has become more difficult, as opposed to getting paid by Medicare or Medicaid.
Results
Appropriate Reimbursement

Q28. For each of the following types of payers do you believe you are:

- **Private Insurers**
  - Appropriately reimbursed: 12%
  - Not appropriately reimbursed: 44%
  - Not sure: 44%

- **Medicare**
  - Appropriately reimbursed: 12%
  - Not appropriately reimbursed: 71%
  - Not sure: 13%

- **Medicaid**
  - Appropriately reimbursed: 13%
  - Not appropriately reimbursed: 10%
  - Not sure: 77%

- Respondents are more likely to say they are appropriately reimbursed by private insurers than Medicare or Medicaid.
- However, less than half of respondents report appropriate reimbursement even from private insurers.
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EMR/ EHR Summary

• Though most physicians are familiar with and have a favorable opinion of EMR/EHR overall, they are also very aware of the systems’ drawbacks.
  – Only half believe most EMR/EHR systems are designed with the needs of physicians in mind.
  – Only about one-third strongly agree that EMR/EHR use can improve billing collections. A similar number believe EMR/EHR can significantly improve patient care. However, billing collections and access to clinical data are considered the strongest benefits of EMR/EHR.
  – The biggest barriers to EMR/EHR purchase are cost-related. Nearly all physicians surveyed say they think of EMR/EHR systems as costly to purchase, install and maintain.

• Nearly half of respondents are unfamiliar or unaware of the government incentive program and almost one-third say they are not confident they can achieve meaningful use criteria.
Q6. How would you describe your familiarity with EMR/EHR?

- Very familiar (53%)
- Somewhat familiar (43%)
- Not at all familiar, but I have heard of EMR/EHR (4%)
- I have never heard of EMR/EHR (4%)

Q7. In which settings do you use an EMR/EHR?

- Office (12%)
- Hospital (20%)
- Office and hospital (43%)
- None (25%)

- All respondents report that they have heard of EMR/EHR and the vast majority describe themselves as at least somewhat familiar.
- Most (88%) use EMR/EHR in some setting, with over 40% saying they use it in both the office and the hospital.
Q8. Which of the following best describes you and your practice regarding EMR/EHR? (n=626)

- Has purchased: 69%
- Will likely purchase in the next year: 15%
- Will likely purchase in the future but not within the next year: 7%
- Not likely to purchase: 1%
- No need to purchase because one is provided for me: 9%

Q9. Did you, or would you, play an active role in the process of purchasing an EMR/EHR for your practice? (n=573)

- Yes: 65%
- No: 35%

- Most respondents have already purchased an EMR/EHR or have had one provided for them. However, 15% are likely purchasers within the next year.
- Almost two-thirds of respondents report playing an active role in the purchasing process.
Results
EMR/EHR Opinions

Q11. My overall opinion of EMR/EHR is:
(Choose)

- Very favorable: 39%
- Somewhat favorable: 42%
- Neutral: 11%
- Somewhat unfavorable: 7%
- Very unfavorable: 2%

Q15. Please indicate the degree to which you agree with the following statement: EMR/EHR systems are designed with me, the physician, in mind.
(Choose)

- Strongly agree: 9%
- Agree: 42%
- Neither agree nor disagree: 23%
- Disagree: 18%
- Strongly disagree: 8%

- Though most respondents say they have a somewhat or very favorable opinion of EMR/EHR, only half believe that EMR/EHR systems are designed with the physician in mind, suggesting room for improvement.
Results
Potential Benefits of EMR/EHR

Q16. Please indicate the degree to which you agree with each of the following statements with respect to EMR/EHR:

(% Choose)

- Improves access to clinical data: 42% Agree, 43% Strongly Agree, 85%
- Improves bill collections: 48% Agree, 29% Strongly Agree, 77%
- Helps me integrate the clinical data with existing practice management systems: 48% Agree, 23% Strongly Agree, 71%
- Reduces medical errors: 51% Agree, 20% Strongly Agree, 71%
- Improves compliance with clinical guidelines: 49% Agree, 20% Strongly Agree, 69%
- Improves efficiency: 29% Agree, 18% Strongly Agree, 47%
- Reduces costs: 31% Agree, 10% Strongly Agree, 41%

- Improved access to clinical data and improved bill collections are the benefits respondents most closely associate with EMR/EHR.
- Less than half of respondents agree that EMR/EHR improves efficiency or reduces cost.
Results
Potential Barriers to EMR/EHR Adoption

Q17. How strongly do you agree with each of the following statements with respect to EMR/EHR: (% Choose)

- Expensive to purchase: 37% Agree, 54% Strongly Agree
- Expensive to install/implement: 40% Agree, 49% Strongly Agree
- Expensive to maintain and upgrade: 44% Agree, 37% Strongly Agree
- Still requires effort to stay on top of changing government requirements/incentives: 53% Agree, 19% Strongly Agree
- Distracts from face to face interaction with patients: 36% Agree, 24% Strongly Agree
- Slows down the doctor during patient exams: 33% Agree, 21% Strongly Agree
- Doesn’t achieve measurable positive financial impact: 22% Agree, 11% Strongly Agree
- Is less efficient than current practice management systems: 18% Agree, 9% Strongly Agree

- Nearly all respondents consider EMR/EHR expensive both at the time of purchase and as an ongoing concern.
- More than half of respondents also worry that EMR/EHR impedes patient care, distracting from face to face interaction with patients and slowing the doctor down during exams.
Q13. In your opinion, do the financial benefits of implementing an EMR/EHR outweigh the financial costs?

- 29% Yes
- 71% No

Q14. In your opinion, do the patient care benefits of implementing an EMR/EHR justify the financial costs?

- 27% Yes
- 73% No

- Over one-quarter of respondents believe that the financial benefits of implementing EMR/EHR do not outweigh the financial costs. The same percentage agree that the costs are not justified by the patient care benefits.
Results
EMR/EHR Impact on Billing & Patient Care

- About three-quarters of respondents think EMR/EHR has a positive effect on both billing collections and patient care.
- However, only about one-third of respondents strongly agree that EMR/EHR helps improve collections. About the same number say EMR/EHR significantly improves patient care, suggesting room for improvement on both fronts.
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Government’s Role Summary

• A majority of physicians disagree that more government involvement in health care will help.
• On the eve of historic health care reform legislation, more than half of physicians surveyed disagree that more active government involvement in health care can either lower costs or improve outcomes.
  – Fifty-three percent believe P4P will have a negative/very negative impact on the effort required to get paid.
  – Fifty-four percent disagree that more active government regulation of health care can improve outcomes; less than 25% feel otherwise
  – Eighty-one percent agree that getting paid by Medicare has become more burdensome and complex; for Medicaid it is 83%.
Results
Government Involvement

Q40/41. Please indicate the degree to which you agree with the following statement:
(\% Choose)

<table>
<thead>
<tr>
<th></th>
<th>More active government involvement in healthcare regulation can lower costs</th>
<th>More active government involvement in healthcare regulation can improve outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>Agree</td>
<td>20%</td>
<td>17%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>17%</td>
<td>23%</td>
</tr>
<tr>
<td>Disagree</td>
<td>22%</td>
<td>25%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>32%</td>
<td>29%</td>
</tr>
</tbody>
</table>

• Just over half of physicians believe that more government involvement in healthcare will not lower costs or improve outcomes.
Results
Government Incentive Program

Q19. How familiar are you with the EMR/EHR government incentive program? (% Choose)

Q20. With respect to the EMR/EHR government incentive program, how confident are you that you can achieve meaningful use criteria? (% Choose) (n=912)

- While most respondents are at least slightly aware of the government incentive program, there is a great deal of room to educate physicians regarding the program.
- In addition, only 15% are very confident that they can achieve meaningful use criteria.
Q30. How would a shift from fee for service to pay for performance (payment tied to pre-defined quality markers and clinical outcomes) affect the following areas of your practice:

<table>
<thead>
<tr>
<th>Area</th>
<th>Very positively</th>
<th>Somewhat positively</th>
<th>No effect</th>
<th>Somewhat negatively</th>
<th>Very negatively</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of care</td>
<td>14%</td>
<td>35%</td>
<td>34%</td>
<td>12%</td>
<td>5%</td>
</tr>
<tr>
<td>Profitability</td>
<td>8%</td>
<td>29%</td>
<td>23%</td>
<td>32%</td>
<td>9%</td>
</tr>
<tr>
<td>Amount of effort required to get paid</td>
<td>7%</td>
<td>22%</td>
<td>33%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Cash flow</td>
<td>7%</td>
<td>22%</td>
<td>28%</td>
<td>32%</td>
<td></td>
</tr>
</tbody>
</table>

- Respondents view the shift to pay for performance as a positive for quality of care, but as somewhat of a negative in terms of the financial side of practicing medicine.
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The Business of Medicine Summary

• Many physicians surveyed lack both general business knowledge and knowledge of specific business-related details of their practices.
  – While most think they understand what cash flow is, at least in vague terms, only about one-quarter can correctly define the concept. Fewer are sure of their understanding of accounts receivable, but 69% do correctly define it.
  – Between 29% and 46% are unable to answer specific business-related questions, like their practices’ insurance submission rejection rates and total practice income.

• Physicians consider getting paid frustrating on many counts.
  – Less than half think they are appropriately reimbursed by private insurers, 18% feel appropriately reimbursed by Medicare and only 10% believe they are appropriately reimbursed by Medicaid.
  – Physicians surveyed agree that getting paid is increasingly burdensome and complex, especially with respect to private insurers. Most also think that payers have become more intrusive in the physician-patient relationship.

• Nearly all physicians surveyed agree that staffing is a challenge.
### Results

#### Business Knowledge

**Q25. The average length of time for your accounts receivable is...**

<table>
<thead>
<tr>
<th>Length of time</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 15 days</td>
<td>2%</td>
</tr>
<tr>
<td>15-30 days</td>
<td>11%</td>
</tr>
<tr>
<td>30-45 days</td>
<td>22%</td>
</tr>
<tr>
<td>45-60 days</td>
<td>16%</td>
</tr>
<tr>
<td>60-90 days</td>
<td>13%</td>
</tr>
<tr>
<td>More than 90 days</td>
<td>3%</td>
</tr>
<tr>
<td>I don’t know</td>
<td>33%</td>
</tr>
</tbody>
</table>

**Q26. The average dollar amount for monthly accounts receivable is:**

<table>
<thead>
<tr>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $25K</td>
<td>7%</td>
</tr>
<tr>
<td>$25-75K</td>
<td>17%</td>
</tr>
<tr>
<td>$75-200K</td>
<td>17%</td>
</tr>
<tr>
<td>More than $200K</td>
<td>13%</td>
</tr>
<tr>
<td>I don’t know</td>
<td>46%</td>
</tr>
</tbody>
</table>

**Q27. Approximate total annual practice income is:**

<table>
<thead>
<tr>
<th>Income</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $250K</td>
<td>7%</td>
</tr>
<tr>
<td>$250-500K</td>
<td>11%</td>
</tr>
<tr>
<td>$500-1MM</td>
<td>15%</td>
</tr>
<tr>
<td>$1-5MM</td>
<td>23%</td>
</tr>
<tr>
<td>More than $5MM</td>
<td>15%</td>
</tr>
<tr>
<td>I don’t know</td>
<td>29%</td>
</tr>
</tbody>
</table>

**Q36. What is your insurance submission rejection rate?**

<table>
<thead>
<tr>
<th>Rejection Rate</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5%</td>
<td>7%</td>
</tr>
<tr>
<td>5-10%</td>
<td>21%</td>
</tr>
<tr>
<td>11-20%</td>
<td>18%</td>
</tr>
<tr>
<td>21-30%</td>
<td>9%</td>
</tr>
<tr>
<td>31-40%</td>
<td>3%</td>
</tr>
<tr>
<td>I don’t know</td>
<td>43%</td>
</tr>
</tbody>
</table>

- Between 29 and 46% of respondents report that they are unfamiliar with specific business facts about their practices.
Most respondents report that they have at least a vague understanding of cash flow. However, only one-quarter actually define the concept correctly.
Results
Accounts Receivable

Q23. How would you describe your familiarity with the concept of accounts receivable?
(% Choose)

- Clear understanding: 34%
- Vague understanding: 43%
- Know what it is but not how it affects practice: 12%
- Do not understand: 11%

Q23. Accounts receivable is… (% Choose)

- Money which is owed to a company by a customer for products and services provided on credit, or billed: 69%
- Money which is paid at the time of service to a company by a customer for products and services rendered: 16%
- I don’t know: 11%
- Money which a company owes to vendors for products and services purchased on credit: 4%
- The total number of clients a company services: 1%

- Compared to cash flow, respondents are slightly less confident regarding their understanding of accounts receivable, though they are much more likely to define it correctly.
Respondents agree that staffing is a major challenge.
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### Practicing US Physicians vs. Sermo Member Base

#### Specialty

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Total US Patient Care (#)</th>
<th>Sermo Members (#)</th>
<th>Total US Patient Care (%)</th>
<th>Sermo Members (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy &amp; Immunology</td>
<td>3,735</td>
<td>871</td>
<td>0.5%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>40,073</td>
<td>5,535</td>
<td>5.5%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>21,082</td>
<td>2,956</td>
<td>2.9%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>10,488</td>
<td>1,911</td>
<td>1.5%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>28,863</td>
<td>6,101</td>
<td>4.0%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>89,874</td>
<td>15,535</td>
<td>12.4%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>11,634</td>
<td>1,763</td>
<td>1.6%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>145,047</td>
<td>17,070</td>
<td>20.1%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Neurology</td>
<td>13,245</td>
<td>2,819</td>
<td>1.8%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>5,274</td>
<td>197</td>
<td>0.7%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>41,036</td>
<td>5,719</td>
<td>5.7%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Oncology, Radiation</td>
<td>4,314</td>
<td>552</td>
<td>0.6%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>17,664</td>
<td>2,628</td>
<td>2.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>23,818</td>
<td>2,127</td>
<td>3.3%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>9,778</td>
<td>1,536</td>
<td>1.4%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Pathology</td>
<td>16,463</td>
<td>1,467</td>
<td>2.3%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>70,726</td>
<td>10,541</td>
<td>9.8%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Phys. Medi. &amp; Rehab</td>
<td>7,446</td>
<td>1,459</td>
<td>1.0%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>38,225</td>
<td>6,797</td>
<td>5.3%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Psychiatry, Child</td>
<td>6,755</td>
<td>312</td>
<td>0.9%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>9,350</td>
<td>1,184</td>
<td>1.3%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Radiology</td>
<td>32,292</td>
<td>3,359</td>
<td>4.5%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Surgery, Colon/Rectal</td>
<td>1,308</td>
<td>78</td>
<td>0.2%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Surgery, General</td>
<td>36,344</td>
<td>4,857</td>
<td>5.0%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Surgery, Plastic</td>
<td>6,947</td>
<td>443</td>
<td>1.0%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Surgery, Thoracic</td>
<td>4,624</td>
<td>212</td>
<td>0.6%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Surgery, Transplant</td>
<td>137</td>
<td>16</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Surgery, Vascular</td>
<td>23</td>
<td>182</td>
<td>0.0%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Urology</td>
<td>10,274</td>
<td>1,603</td>
<td>1.4%</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

Note:

Practicing US Physicians vs. Sermo Member Base
Age and Gender

- Median age of US physicians is 49 years\(^1\)
- Median age of Sermo member base is 46 years\(^2\)

**Notes:**
1. Practicing US Physician demographic information based on AMA data as of May, 2008. Total population = 742,259 members in administration, direct patient care, medical research, medical training, and resident practice categories. Age information for 736,920 members from ages 21 to 80 (99%). Gender information for 741,445 members (100%).
2. Sermo demographic info current as of August, 2009. Total population = 110,118. Age information for 108,362 members from ages 21 to 80 (98%). Gender information for 101,168 members (92%).
Practicing US Physicians vs. Sermo Member Base Geographic Distribution

Notes:
1. Practicing US Physician demographic information based on AMA data as of May, 2008. Total population = 742,259 members in administration, direct patient care, medical research, medical training, and resident practice categories. Regional information for 632,877 members (85%).
2. Sermo demographic info current as of August, 2009. Total population = 110,118. Regional information for 104,450 members (95%).