

ObGyns' choice of practice environment is a big deal

📌 ObGyns are moving from private practice to employment to reduce stress and burnout and increase their quality of life

Deborah Reale, Managing Editor

ObGyns are mindfully choosing their practice environments. The trend, as reported by the American College of Obstetricians and Gynecologists (ACOG),¹ shows movement from private practice to employment: an increasing number of ObGyns have joined large practices and are employed. Overall, fewer than half of US physicians owned their medical practice in 2016, reported the American Medical Association (AMA).² This is the first time that the majority of physicians are not practice owners.

Although employed ObGyns earn 9% less than self-employed ObGyns, (\$276,000 vs \$300,000, respectively), trading a higher salary for less time spent on administrative tasks seems to be worth the pay cut, reports Medscape. Employed ObGyns reported receiving additional benefits that might not have been available to self-employed ObGyns: professional liability coverage, employer-subsidized health and dental insurance, paid time off, and a retirement plan with employer match.³

What matters to ObGyns when choosing a practice setting?

Several decisions about practice setting need to be made at the beginning and throughout a career, among them the type of practice,

desired salary, work-life balance, (the latter 2 may be influenced by practice type), and location.

Type of practice

“Patients benefit when physicians practice in settings they find professionally and personally rewarding,” said AMA President Andrew W. Gurman, MD. “The AMA is committed to helping physicians navigate their practice options and offers innovative strategies and resources to ensure physicians in all practice sizes and setting can thrive in the changing health environment.”²

More and more, that environment is a practice wholly owned by physicians. The AMA reports that in 2016, 55.8% of physicians worked in such a practice (including physicians who have an ownership stake in the practice, those who are employed by the practice, and those who are independent contractors).² An approximate 13.8% of physicians worked at practices with more than 50 physicians in 2016. The majority (57.8%), however, practiced in groups with 10 or fewer physicians. The most common practice type was the single-specialty group (42.8%), followed by the multispecialty group practice (24.6%).²

Paying physicians a salary instead of compensating them based on volume may

IN THIS ARTICLE

Who earns more?

page 40

The most rewarding part of being an ObGyn

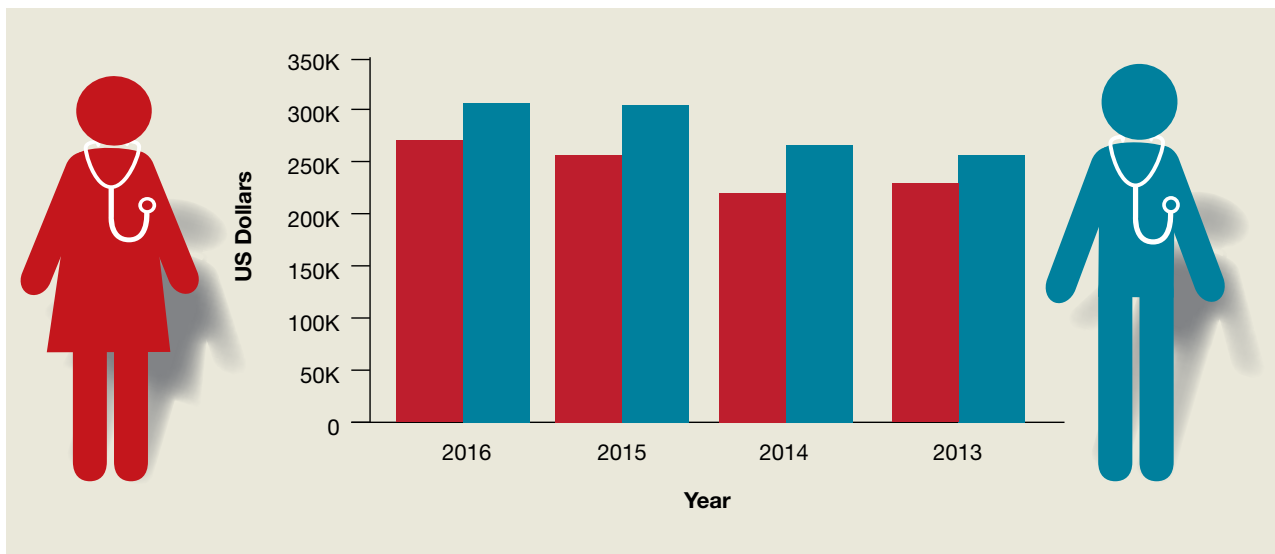
page 41

Factors in choosing where to practice

page 43

» Have you read “How to sell your ObGyn practice” on page 24?

FIGURE 1 ObGyns: Which gender earns more?^{3,5,7,8}



FAST TRACK

Fewer than half of ObGyns who completed the Medscape survey felt they were fairly compensated in 2016

improve physician satisfaction—it removes the need to deal with complex fee-for-service systems, say Ian Larkin, PhD, and George Loewenstein, PhD. In fee-for-service payment arrangements, physicians may be encouraged to order more tests and procedures because doing so may increase income. A better strategy, say Larkin and Loewenstein, is to switch to a straight salary system. Known for their quality of care and comparatively low costs, the Mayo Clinic, Cleveland Clinic, and Kaiser Permanente have successfully implemented this payment system.⁴

Desired salary

The mean income for ObGyns rose by 3% in 2016 over 2015 (\$286,000 compared with \$277,000), according to Medscape.⁵ This jump follows a gradual increase over the last few years (\$249,000 in 2014; \$243,000 in 2013; \$242,000 in 2012; \$220,000 in 2011).^{1,5,6}

The highest earnings among all physicians were orthopedists (\$489,000), plastic surgeons (\$440,000), and cardiologists (\$410,000). Pediatricians were the lowest paid physicians at \$202,000.³

Fair compensation. Fewer than half (48%) of ObGyns who completed the Medscape survey felt they were fairly compensated in 2016, and 41% of those who were dissatisfied with their compensation believed they deserved

to be earning between 11% and 25% more. When asked if they would still choose medicine, 72% of ObGyns answered affirmatively. Of those who would choose medicine again, 76% would choose obstetrics and gynecology once more.³

Gender differences. As in years past, full-time male ObGyns reported higher earnings (13%) than female ObGyns (\$306,000 vs \$270,000, respectively; **(FIGURE 1)**).^{3,5,7,8}

Among ObGyns who responded to the 2017 Medscape survey, 14% of women and 10% of men indicated that they work part-time.³ Last year, 13% of female ObGyns reported part-time employment versus 16% of male ObGyns.⁶

Among the ObGyns who answered the 2017 survey, there was a gender gap in participation related to race. Although more men than women responded to the survey, more women than men ObGyns among black/African American (women, 78%), Asian (women, 69%), and white/Caucasian (women, 53%) groups responded. Men outweighed women only among Hispanic/Latino ObGyns (60%) who answered the survey.³

Work-life balance

ACOG predicts that mid-career and younger ObGyns will focus on work-life balance issues. Practice sites (ambulatory, hospital,

or a combination) that offer part-time schedules or extra time for nonprofessional matters are becoming the most desirable to these practitioners.¹

What satisfies and dissatisfies ObGyns?

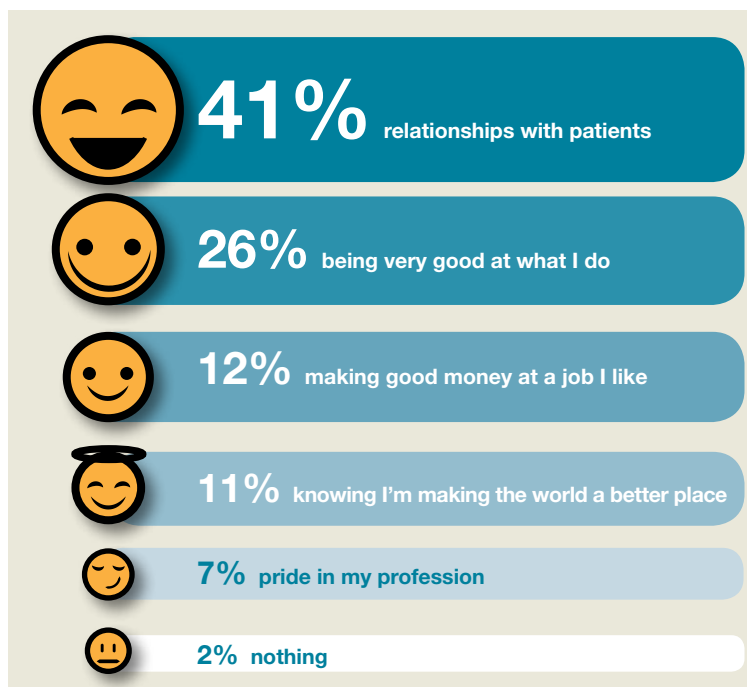
ObGyns reported to Medscape that their relationships with patients (41% of respondents) was the most rewarding part of their job (FIGURE 2).³

There are many job aspects that dissatisfy ObGyns, including^{1,3,9}:

- too many bureaucratic tasks
- the short time allotted for each patient office visit
- electronic health records (EHR) and increased computerization
- not feeling appreciated or properly compensated
- spending too many hours at work
- the impact of regulatory changes on clinical practice.

Bureaucratic tasks remain a primary cause for burnout among all physicians.¹⁰ This year, 56% of all physicians reported spending

FIGURE 2 What did ObGyns find as the most rewarding part of their job in 2016?³

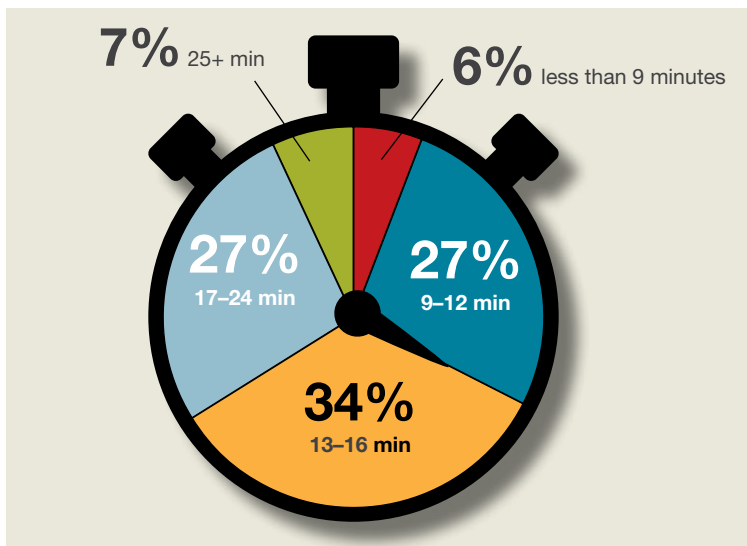


CONTINUED ON PAGE 42

This space has purposely been left blank.

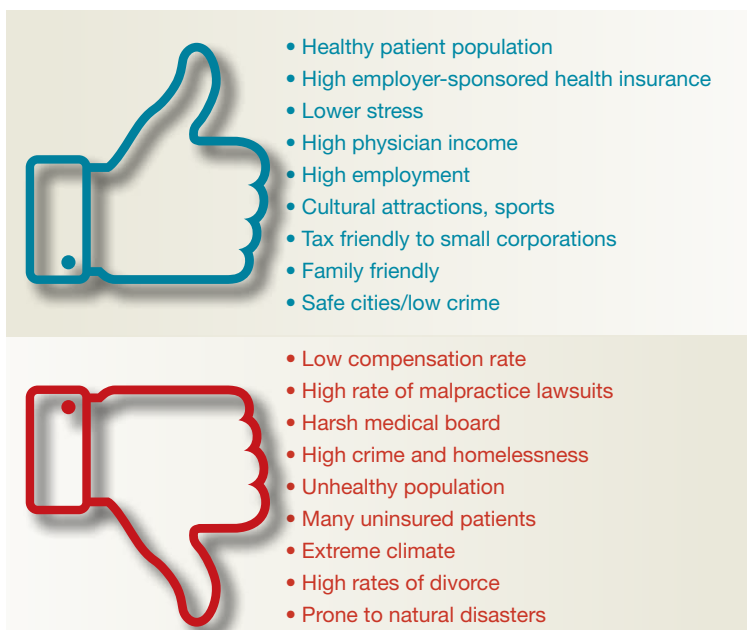
CONTINUED FROM PAGE 41

FIGURE 3 How much time did ObGyns spend with patients in 2016?³



10 hours or more per week on paperwork and administrative tasks, up from 35% in the 2014 report. More than half (54%) of ObGyns reported spending 10 hours or more on paperwork.³ For every hour of face-to-face patient time, physicians spent nearly 2 additional hours on their EHR and administration tasks.⁹

FIGURE 4 What factors attract/do not attract physicians to states?¹²



Time with patients. Medscape reported that 38% of ObGyns spent more than 45 hours per week with patients (FIGURE 3).

ACOG notes that ObGyns are increasingly referring patients to subspecialists, which frustrates patients and increases their costs.¹

ObGyns rank high in burnout rates. Burnout rates for physicians are twice that of other working adults.¹ ObGyns rank second (56%) in burn out (Emergency Medicine, 59%).¹⁰ When Medscape survey respondents were asked to grade their burnout level from 1 to 7 (1 = “It does not interfere with my life;” 7 = “It is so severe that I am thinking of leaving medicine altogether”), ObGyns ranked their burnout level at 4.3.¹⁰ Female physicians reported a higher percentage of burnout than their male colleagues (55% vs 45%, respectively).¹⁰ An estimated 40% to 75% of ObGyns experienced some level of burnout.¹

According to ACOG, the specialty is included among the “noncontrollable” lifestyle specialties, especially for those aged 50 years or younger. Many Millennials (born 1980 to 2000) do not view their work and professional achievement as central to their lives; ObGyns aged younger than 35 years want to work fewer hours per week compared with their older colleagues, says ACOG. However, when this option is unavailable, an increasing number of Millennials report lowered job satisfaction.¹

Mindfulness about quality of life. The relationship of burnout to quality of life issues is gaining in awareness. In a recent OBG MANAGEMENT article, Lucia DiVenere, MA, noted that, “Being mindful of wellness strategies and practice efficiencies can help ObGyns avoid burnout’s deleterious effects—and thrive both personally and professionally.”¹¹

“We need to stop blaming individuals and treat physician burnout as a system issue...If it affects half our physicians, it is indirectly affecting half our patients,” notes Tait Shanafelt, MD, a hematologist and physician-burnout researcher at the Mayo Clinic.⁹ He says that burnout relates to a physician’s “professional spirit of life, and it primarily affects individuals whose work involves an intense interaction with people.”⁹

The Mayo Clinic in Minneapolis, Minnesota, has taken a lead in developing a space for their physicians to “reset” by offering a room where health professionals can retreat if they need a moment to recover from a traumatic event.⁹

Location, location, location

Specific areas of the country are more attractive for their higher compensation rates. The highest average compensation was reported by ObGyns in the North Central area (\$339,000), West (\$301,000), and Great Lakes (\$297,000) regions, while the lowest compensation rates were found in the Northwest (\$260,000), Southwest (\$268,000), and South Central (\$275,000) areas.³

Key factors, such as healthy patient populations, higher rates of health insurance coverage, and lower stress levels attract physicians (FIGURE 4). Minnesota ranked the #1 best place to practice because it has the 4th healthiest population, 2nd highest rate of employer-sponsored health insurance, the 17th lowest number of malpractice lawsuits, and a medical board that is the 3rd least harsh in the nation.¹² Unfortunate situations such as the highest malpractice rates per

capita, least healthy population, 8th lowest rate of employer-sponsored health insurance, and the 9th lowest compensation rate for physicians make Louisiana the worst place to practice in 2017.¹²

Supply and demand creates substantial geographic imbalances in the number of ObGyns in the United States. ACOG projects that the need for ObGyns will increase nationally by 6% in the next 10 years, although demand will vary geographically from a 27% increase in Nevada to an 11% decrease in West Virginia.¹ Especially vulnerable states (Arizona, Washington, Utah, Idaho) currently have an insufficient supply of ObGyns and are projected to see an increased future demand. Florida, Texas, North Carolina, and Nevada will be at risk, according to ACOG, because the adult female population is expected to increase.¹

2017 Medscape survey demographics

The Medscape Compensation Report 2017 is based on the responses of 19,270 physicians across 27+ specialties, 5% of whom were ObGyns. Data were collected in an online survey conducted from December 20, 2016, to March 7, 2017.³



ACOG projects that the need for ObGyns will increase nationally by 6% in the next 10 years

References

1. American Congress of Obstetricians and Gynecologists. The Obstetrician-Gynecologist Workforce in the United States: Facts, Figures, and Implications, 2017. <https://www.acog.org/Resources-And-Publications/The-Ob-Gyn-Workforce/The-Obstetrician-Gynecologist-Workforce-in-the-United-States>. Accessed June 7, 2017.
2. Murphy B. For the first time, physician practice owners are not the majority. *AMA Wire*. https://wire.ama-assn.org/practice-management/first-time-physician-practice-owners-are-not-majority?utm_source=BulletinHealthCare&utm_medium=email&utm_term=060117&utm_content=general&utm_campaign=article_alert-morning_rounds_daily. Published May 31, 2017. Accessed June 7, 2017.
3. Grisham S. Medscape Ob/Gyn Compensation Report 2017. Medscape Website. <http://www.medscape.com/slideshow/compensation-2017-ob-gyn-6008576>. Published April 12, 2017. Accessed June 7, 2017.
4. Larkin I, Loewenstein G. Business model—Related conflict of interests in medicine: Problems and potential solutions. *JAMA*. 2017;317(17):1745–1746.
5. Peckham C. Medscape Ob/Gyn Compensation Report 2016. Medscape Website. <http://www.medscape.com/features/slideshow/compensation/2016/womenshealth>. Published April 1, 2016. Accessed June 7, 2017.
6. Reale D, Christie K. ObGyn salaries jumped in the last year. *OBG Manag*. 2016;28(7):25–27, 30, 37.
7. Peckham C. Medscape Ob/Gyn Compensation Report 2015. Medscape Website. <http://www.medscape.com/features/slideshow/compensation/2015/womenshealth>. Published April 21, 2015. Accessed July 24, 2017.
8. Peckham C. Medscape Ob/Gyn Compensation Report 2014. Medscape Website. <http://www.medscape.com/features/slideshow/compensation/2014/womenshealth>. Published April 14, 2014. Accessed July 24, 2017.
9. Parks T. AMA burnout by specialty. *AMA Wire*. <https://wire.ama-assn.org/life-career/report-reveals-severity-burnout-specialty>. Published January 31, 2017. Accessed June 7, 2017.
10. Peckham C. Medscape Lifestyle Report 2017: Race and Ethnicity, Bias and Burnout. Medscape Website. <http://www.medscape.com/features/slideshow/lifestyle/2017/overview#page=1>. Published January 11, 2017. Accessed June 7, 2017.
11. DiVenere L. ObGyn burnout: ACOG takes aim. *OBG Manag*. 2016;28(9):25,30,32,33.
12. Page L. Best and Worst Places to Practice 2017. Medscape Website. http://www.medscape.com/slideshow/best-places-to-practice-2017-6008688?src=wnl_physrep_170510_mscpmrk_bestplaces2017&impID=1345406&faf. Published May 10, 2017. Accessed June 7, 2017.