Mean income for ObGyns increased in 2012

▶ A 2013 survey reveals that overall physician salaries increased from 2011, and obstetricians and gynecologists were no exception. However, less than half of ObGyns were satisfied with their compensation level.

Deborah Reale, Managing Editor



The most rewarding part of the job

page 35

Discussing cost with patients

page 36

How ObGyns spend their time

page 36

bGyns' mean income was \$242,000 in 2012, up from a mean of \$220,000 in 2011, although almost half (45%) of ObGyns reported similar incomes in 2011 and 2012. In 2012, 25% of ObGyns reported earnings of \$300,000 or more, and 10% said they earned less than \$100,000.¹ The newest salary data are based on Medscape's 2013 Compensation Report, a survey of 21,878 US physicians across 25 specialties.

Forty-three percent of ObGyns were satisfied with their 2012 compensation levels; 48% of all physicians were satisfied.^{1,2}

Other findings

Men still make more than women. In 2012, male ObGyns reported earning 14% more than female ObGyns. This pay gap is smaller for ObGyns than for all physicians; overall, male physicians earn 30% more than females. One contributing factor to the closer pay gap for ObGyns is that there are fewer women in the higher-paying specialties, such as orthopedics (9% of orthopedic respondents were female). Response rates also matter: of those who responded to the full Medscape poll, 31% were female; of ObGyn respondents, 43% were female.^{1,2}

ObGyn compensation varies by region. Highest earnings were found in the South Central region (mean: \$250,000 in 2012);

lowest earnings were found in the Northeast (mean: \$213,000).¹

Work setting counts. When ranked by job setting, in 2012, ObGyns employed by health-care organizations were the top earners (mean income: \$272,000). This figure rose considerably from the 2011 mean of \$239,000. Additional mean earnings of ObGyns ranked by work setting in 2012 were¹:

- single-specialty (office-based) group practices: \$264,000
- multispecialty (office-based) group practices: \$252,000
- hospitals: \$216,000academic: \$212,000
- solo practices (office-based): \$208,000
- outpatient clinics: \$206,000.

When ranked by work situation, partners beat all other settings at \$268,000 (mean). Employed ObGyns earned more than owners of solo practices (mean: \$241,000 vs \$204,000, respectively). Independent contractors came in the lowest at \$198,000 (mean).¹

Satisfaction with career choice and practice setting showed a slight dip from 2011. When all physicians were asked if they would choose medicine again, 53% would do so in 2012, versus 55% in 2011. Among the ObGyns who said they would choose medicine again, 37% said they would choose the same specialty (the same as in 2011). In 2012, 18% of ObGyns said they would choose the same

what's most rewarding? In 2012, 42% of ObGyns ranked their relationships with patients as the most satisfying part of their job, compared with 31% of all physicians. While 34% of all physicians said that being good at the practice of medicine was their primary reward, 28% of ObGyns listed that first.^{1,2}

Money issues

Where does your income come from? In the 2011 report, only 4% of ObGyns either participated in or planned to join an accountable care organization. In 2012, that jumped to 25%. Only 1% of ObGyns opted for concierge medical practices in 2012 and 2011, and only 3% chose cash-only practices in 2012 and 2011. 1,2

What about Medicare and Medicaid? More physicians were concerned with potentially reduced Medicare payments in 2012 than in 2011. The new report indicated that

15% of ObGyns plan to stop taking new Medicare or Medicaid patients, 3% plan to stop seeing current Medicare or Medicaid patients, and 28% are undecided. However, 53% of ObGyns will continue to see current patients and take on new Medicare and Medicaid patients. In 2012, 59% of all physicians planned to treat new Medicare and Medicaid patients. ^{1,2}

What about insurance company payments? Practice management experts often recommend that physicians review annual payments from insurers and drop those who pay the least or create the most trouble. In 2012, 26% of ObGyns reported that they already follow this practice or are planning to take that advice. However, 29% will keep all insurers; they feel that even poor payers still represent income. About 15% felt that dropping insurers was inappropriate behavior.¹

Do you provide ancillary services? When asked if they would offer additional medical services to increase income, 21% of ObGyns said yes; 19% of all physicians said yes. ^{1,2}

CONTINUED ON PAGE 36

35

In this issue and online at www.obgmanagement.com

Knowing your patients' cancer family history saves lives

The importance of cancer family history in everyday patient care

Your patient reports worsening menorrhagia.
Is endometrial ablation the best management option?
The answer is unclear when you determine her cancer family history reveals she may be a Lynch Syndrome carrier.

Dr. Adam A. Ofer, MD, Director of Gynecology, Norwalk Hospital, Norwalk, Connecticut, examines how your patient's cancer family history guides many of your patient management decisions.

Supplement sponsored by Myriad Genetic Laboratories.

CONTINUED FROM PAGE 35

Do you discuss cost with your patients?

In larger practices and hospital settings, treatment costs are often discussed by a staff member responsible for billing and payment, rather than by the physician. As physicians move toward these larger organizations, the trend is becoming more apparent¹:

- In 2011, 41% of ObGyns regularly discussed the cost of services with their patients; 48% occasionally discussed cost if the patient brought it up (89% total).
- In 2012, 35% of ObGyns regularly discussed cost with their patients; 41% occasionally discussed cost (76% total).

In 2011, 84% of all physicians either regularly or occasionally discussed the cost of treatment with patients. In 2012, 68% of all physicians regularly discussed cost of treatment (30%) or did so if the patient asked (38%), and 6% reported that it was inappropriate to discuss cost with patients.^{1,2}

How you spend your time

How many hours do you work? The number of hours in a workweek remained about the same. In 2012, 11% of ObGyns worked

41 to 45 hours; 13% worked 46 to 50 hours; 4% worked 51 to 55 hours; 9% worked 56 to 60 hours; and 20% reported working less than 30 hours.¹

Time spent with patients? In 2012, most ObGyns spent less than 16 minutes with a patient: 30% reported spending 13 to 16 minutes; another 30% spent less than 13 minutes; and 17% saw patients for 21 minutes or longer.¹

Demographics of the survey

Respondents to the Medscape survey totaled 21,878 US physicians and ranged in age from 28 years to older than 70; 66% were aged 40 to 64 years; 31% were female; 69% were male; and 89% were board certified.

Of the overall survey respondents, 5% (n=1,094) were ObGyns. Of these respondents, 71% were aged 40 to 64; 43% were female; 57% were male; and 92% were board certified.^{1,2} ©

References

- Medscape News. Ob/Gyn Compensation Report 2013.
 Medscape Today Web site. http://www.medscape.com/features/slideshow/compensation/2013/womenshealth.
 Accessed June 30, 2013.
- Medscape News. Physician Compensation Report 2013.
 Medscape Today Web site. http://www.medscape.com/features/slideshow/compensation/2013/public. Accessed June 30, 2013.

COMING SOON...



Look for our Web site relaunch!

- Mobile friendly
- Advanced search function
- Topic collections
- CME credit for reading articles online
- Self assessment quizzes to test your knowledge of what you've read

