Merritt, Hawkins & Associates
"The Leader in Health Care Staffing"

Summary Report
2004 SURVEY OF PHYSICIAN APPOINTMENT WAIT TIMES

OVERVIEW

Merritt, Hawkins & Associates is a national physician search and consulting firm specializing in the recruitment of physicians in all medical specialties. Established in 1987, Merritt, Hawkins & Associates has conducted over 25,000 physician search assignments and has worked in all 50 states.

In order to better understand trends influencing the recruitment of physicians, Merritt, Hawkins & Associates conducts ongoing surveys on a wide range of health care staffing topics. Previous surveys we have conducted have examined physician recruiting incentives, hospital physician recruiting practices, the practice patterns of older physicians, the practice preferences of final-year medical residents, and the average inpatient and outpatient revenue generated for hospitals by physicians in various medical specialties.

In recent years, Merritt, Hawkins & Associates has observed a sharp increase in the demand for medical specialists, which we attribute to a variety of factors. These include an aging population, population growth, patient treatment preferences, expanding surgical, diagnostic, and pharmacological options, and the rise of payment plans that allow more direct patient access to specialists. The growth in demand for physician services has been accompanied by a reduction in the supply of some specialists, due to shifting patterns of medical education, physician aging and retirement, evolving physician practice patterns, and changing physician demographics.

The result is that patient access to specialists has become increasingly problematic. This is most directly observed in hospital emergency departments, where patients are routinely diverted due to a lack of medical specialists willing or available to treat emergency patients. Through our continuous professional contact with thousands of physicians, Merritt, Hawkins & Associates has observed that the length of time patients must wait for a physician appointment also appears to be lengthening. In addition, a growing number of physicians appear to be unwilling or unable to schedule Medicaid patients.

The **2004 Survey of Physician Appointment Wait Times** was conducted to determine the average time new patients must wait before they can see a physician in a variety of large metropolitan markets. The survey also examines the percentage of physicians willing or able to schedule Medicaid patients. The survey is intended to gauge patient access to medical services and may be taken by health care professionals as one indicator of the current state of physician supply and demand in select markets and in select medical specialties.

METHODOLOGY

During the months of February, March and April of 2004, research associates at Merritt, Hawkins & Associates called physician offices in 15 metropolitan areas with the purpose of scheduling a new patient appointment. The survey focused on four medical specialties: Cardiology, Dermatology, Obstetrics-Gynecology, and Orthopedic Surgery. Names of physicians were selected from Internet physician office listings at random, with an attempt to contact physician offices located in different parts of each metropolitan area.

Merritt, Hawkins & Associates selected a limited number of specialties in order to better focus available resources. The amount of time necessary to call physician offices, make contact with a receptionist, and schedule an appointment can be extensive. We determined to limit the number of specialties in order to increase the physician office sample size per specialty.

Merritt, Hawkins & Associates' research associates were tasked with contacting a minimum of 12 separate physician offices per specialty, per metropolitan area, and a maximum of 20 offices, with 20 being the preferred goal. Due to difficulties in reaching physician offices or to varying physician office scheduling policies, they were unable to contact 20 separate offices in all cases.

In each call, research associates asked to be told the first available time for a new patient appointment. Depending on the specialty at issue, they indicated a hypothetical, non-emergent reason for the appointment, as follows:

Cardiology	A heart check-up
Dermatology	A routine skin examine to detect possible carcinomas/melanomas
Orthopedic Surgery	Injury or pain in the knee or back
Obstetrics/Gynecology	Routine "well woman" gynecological exam

Research associates also asked if the physician in question accepted Medicaid as a form of payment.

Merritt, Hawkins & Associates' goal was to replicate the experience of someone new to a community, with private insurance, seeking to schedule a non-emergent physician appointment through a generally accessible source, such as the Internet, the Yellow Pages, or a PPO physician directory. Phone research was conducted during an eleven week period. The results therefore are a "snapshot" of physician accessibility at a particular time and in a particular place. A change in timing or approach could yield different results.

Metropolitan service areas in which surveys were conducted:

Atlanta, Boston, Dallas, Denver, Detroit, Houston, Los Angeles, Miami, Minneapolis, New York, Philadelphia, Portland, San Diego, Seattle, Washington, D.C.

When survey was conducted:

February 1, 2004 - April 20, 2004

Medical specialties surveyed:

Cardiology, Dermatology, Obstetrics-Gynecology, Orthopedic Surgery

Number of surveys completed:

1,062

Total telephone calls required to complete 1,062 surveys:

Approximately 2,500

RESPONSES BY SPECIALTY

Cardiology

City	Total Responses	Shortest Time to Appt.	Longest Time to Appt.	Average Time to Appt.	Accept Medicaid? YES
Boston	18	7 days	120 days	37 days	11%
Philadelphia	20	1 day	136 days	27 days	80%
Portland	20	2 days	128 days	25 days	100%
Denver	20	2 days	128 days	23 days	20%
New York	20	3 days	26 days	22 days	0%
Miami	15	3 days	45 days	21 days	40%
Detroit	17	7 days	42 days	20 days	65%
San Diego	19	9 days	72 days	17 days	68%
Atlanta	20	3 days	28 days	17 days	80%
Minneapolis	20	2 days	105 days	15 days	80%
Los Angeles	18	1 day	23 days	14 days	22%
Washington, D.C.	16	Same day	23 days	12 days	100%
Houston	20	2 days	43 days	11 days	85%
Dallas	17	2 days	16 days	10 days	0%
Seattle	18	1 day	24 days	9 days	0%
Total:	**278**	**3.0 days**	**65.8 days**	**18.8 days**	**50%**

Dermatology

City	Total Responses	Shortest Time to Appt.	Longest Time to Appt.	Average Time to Appt.	Accept Medicaid? YES
Boston	18	7 days	120 days	50 days	17%
Minneapolis	19	9 days	231 days	43 days	100%
Dallas	14	10 days	70 days	34 days	0%
Philadelphia	20	6 days	140 days	33 days	15%
Portland	20	3 days	50 days	30 days	100%
Seattle	15	2 days	117 days	27 days	27%
Detroit	20	5 days	68 days	25 days	25%
Denver	20	Same day	60 days	21 days	20%
Atlanta	20	2 days	68 days	21 days	100%
Miami	14	1 day	55 days	17 days	71%
Washington, D.C.	15	Same day	32 days	15 days	87%
Los Angeles	16	Same day	36 days	14 days	50%
Houston	20	2 days	91 days	13 days	0%
San Diego	18	2 days	43 days	12 days	33%
New York	20	Same day	17 days	9 days	0%
Total:	**269**	**3.3 days**	**80.9 days**	**24.3 days**	**43%**

Obstetrics-Gynecology

City	Total Responses	Shortest Time to Appt.	Longest Time to Appt.	Average Time to Appt.	Accept Medicaid? YES
Boston	16	3 days	126 days	45 days	56%
Detroit	20	8 days	90 days	39 days	40%
San Diego	15	2 days	96 days	31 days	80%
Portland	20	1 day	79 days	30 days	100%
Philadelphia	17	8 days	72 days	28 days	24%
Seattle	17	1 day	153 days	26 days	70%
Atlanta	20	3 days	57 days	24 days	25%
Denver	20	1 day	33 days	23 days	25%
Minneapolis	15	6 days	61 days	20 days	80%
Houston	18	5 days	69 days	20 days	72%
Los Angeles	16	1 day	52 days	19 days	69%
Dallas	15	1 day	60 days	17 days	100%
New York	20	1 day	29 days	14 days	5%
Washington, D.C.	20	2 days	22 days	11 days	100%
Miami	12	3 days	12 days	10 days	50%
Total:	**261**	**3.0 days**	**65.1 days**	**23.3 days**	**60%**

Orthopedic Surgery

City	Total Responses	Shortest Time to Appt.	Longest Time to Appt.	Average Time to Appt.	Accept Medicaid? YES
Los Angeles	14	1 day	112 days	43 days	0%
Boston	16	1 day	60 days	24 days	88%
Denver	20	2 days	36 days	23 days	40%
Portland	20	Same day	26 days	19 days	100%
Minneapolis	14	7 days	93 days	19 days	79%
Philadelphia	16	4 days	76 days	18 days	25%
Detroit	18	5 days	48 days	18 days	22%
New York	20	2 days	39 days	16 days	10%
Houston	20	5 days	38 days	15 days	30%
San Diego	14	5 days	36 days	13 days	0%
Seattle	14	3 days	27 days	12 days	79%
Miami	14	7 days	21 days	11 days	14%
Dallas	14	2 days	18 days	10 days	43%
Washington, D.C.	20	1 day	25 days	8 days	20%
Atlanta	20	Same day	12 days	8 days	100%
Total:	**254**	**2.8 days**	**43.0 days**	**16.9 days**	**44%**

AVERAGE WAIT TIMES BY METROPOLITAN AREA

City	Cardiology	Dermatology	OB/GYN	Orthopedic Surgery
Atlanta	17 days	21 days	24 days	8 days
Boston	37 days	50 days	45 days	24 days
Dallas	10 days	34 days	17 days	10 days
Denver	23 days	21 days	23 days	23 days
Detroit	20 days	25 days	39 days	18 days
Houston	11 days	13 days	20 days	15 days
Los Angeles	14 days	14 days	19 days	43 days
Miami	21 days	17 days	10 days	11 days
Minneapolis	15 days	43 days	20 days	19 days
New York	22 days	9 days	14 days	16 days
Philadelphia	27 days	33 days	28 days	18 days
Portland	25 days	30 days	30 days	19 days
San Diego	17 days	12 days	31 days	13 days
Seattle	9 days	27 days	26 days	12 days
Washington, D.C.	12 days	15 days	11 days	8 days

MEDICAID ACCEPTANCE RATE BY METROPOLITAN AREA

City	Cardiology	Dermatology	OB/GYN	Orthopedic Surgery
Atlanta	80%	100%	25%	100%
Boston	11%	17%	56%	88%
Dallas	0%	0%	100%	39%
Denver	20%	20%	20%	40%
Detroit	65%	25%	40%	22%
Houston	85%	30%	72%	30%
Los Angeles	22%	50%	29%	14%
Miami	40%	71%	50%	14%
Minneapolis	80%	100%	83%	79%
New York	0%	0%	5%	10%
Philadelphia	80%	15%	24%	75%
Portland	100%	100%	100%	100%
San Diego	68%	33%	80%	0%
Seattle	0%	27%	70%	79%
Washington, D.C.	100%	87%	100%	46%

TRENDS AND OBSERVATIONS

Merritt, Hawkins & Associates' **2004 Survey of Physician Appointment Wait Times** is intended to present a "snapshot" of physician availability in four select medical specialties in a variety of metropolitan areas nationwide. In so far as it was possible, we attempted to duplicate the experience a person might have who sought to make a new patient appointment with a physician for a non-emergent medical problem.

This effort was necessarily subject to the varying appointment making policies of physician offices – vagaries that are not directly reflected in the core data above. For example, many physician offices employ answering machines that direct those seeking appointments to leave a message. In such instances, our research associates left a voice message as directed, requesting a follow-up call to schedule an appointment. In many cases, however, they were not able to reach the physician's office after two or more tries. In such cases, they no longer called the physician but moved on to other physician offices on their lists.

Merritt, Hawkins & Associates' research associates encountered other obstacles when seeking to obtain new patient appointment times. Some physician offices required verification of insurance before indicating when appointment times were available.

Timing also was an issue. In some cases, appointments "opened up" due to cancellations that occurred the day our research associates called. The core data above, therefore, only represent those instances in which our research associates were able to reach a physician's office and obtain a clear answer regarding the date of the first available new patient appointment.

The general anecdotal picture provided by our research associates is one in which many physician offices are hard to reach, so that scheduling an appointment can be difficult. They also reported that obtaining an answer to the question, "When is your first available appointment for a new patient?" is more problematic than it may first appear. Exceptions were noted, however, and in some cases physician offices were readily accessible and information was easy to obtain.

New Patient Wait Times by Specialty

The **2004 Survey of Physician Appointment Wait Times** is the first such survey Merritt, Hawkins & Associates has conducted, and therefore we cannot compare current wait times to any previous benchmark. In addition, as non-clinicians, we are unable to comment on the clinical effect these wait times may have on patients reporting non-emergent problems similar to the hypothetical ones stated by our research associates.

We can, however, make some inferences regarding the general availability of physicians based on the wait times reported for the four specialties at issue. In our experience in evaluating physician practices and in conducting hospital medical staff plans, a physician generally is considered busy if his or her practice is booked for new patient appointments two to three weeks in advance. In such cases, the recruitment of a new physician partner or associate may be warranted. It also is at this point that patients in the community begin to voice concerns about physician accessibility.

By this standard, average wait times indicated in the survey suggest that the majority of physician offices in most specialties are busy. In cardiology, average patient wait times were at or exceeded 14 days in 11 of the 15 metropolitan markets surveyed (73%). Cardiology wait times were at or exceeded 21 days in six of the 15 metropolitan markets surveyed (40%).

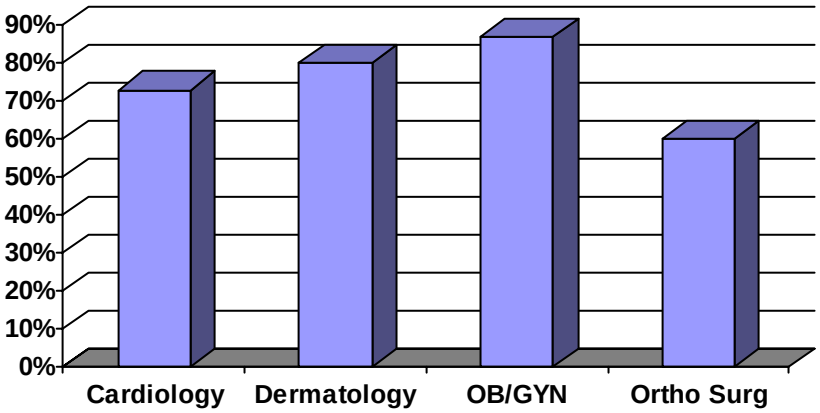
In dermatology, average patient wait times were at or exceeded 14 days in 12 of the 15 metropolitan markets surveyed (80%). Dermatology wait times were at or exceeded 21 days in 9 of the 15 metropolitan markets surveyed (60%).

In obstetrics-gynecology, average patient wait times were at or exceeded 14 days in 13 of the 15 metropolitan markets surveyed (87%). Obstetrics-gynecology wait times exceeded 21 days in 7 of the 15 metropolitan markets surveyed (47%).

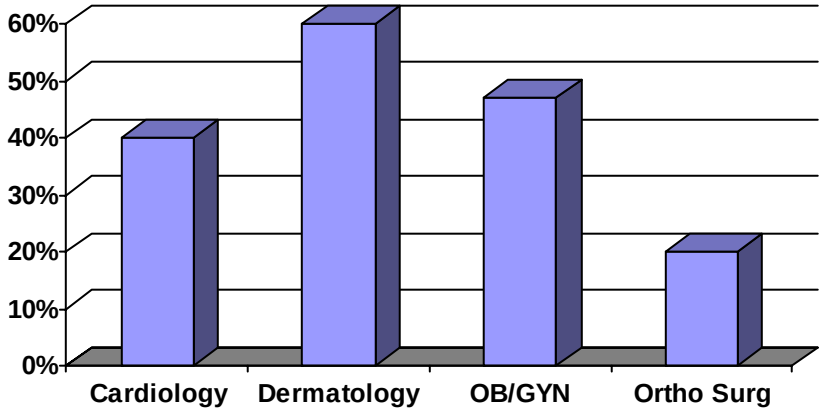
In orthopedic surgery, patient wait times exceeded 14 days in 9 of the 15 metropolitan markets surveyed (60%). Orthopedic surgery wait times exceeded 21 days in 3 of the 15 metropolitan areas surveyed (20%). It is important to note that in calling orthopedic surgery offices our research associates reported having pain in the knee or back, whereas

in the other specialties they did not report having immediate pain. Even when our research associates reported pain, however, average patient wait times extended to as long as 43 days in at least one market (Los Angeles).

Patient Wait Times At Or Exceeding 14 Day Wait Time Per Specialty



Patient Wait Times At Or Exceeding 21 Day Wait Time Per Specialty



New Patient Wait Times By Market

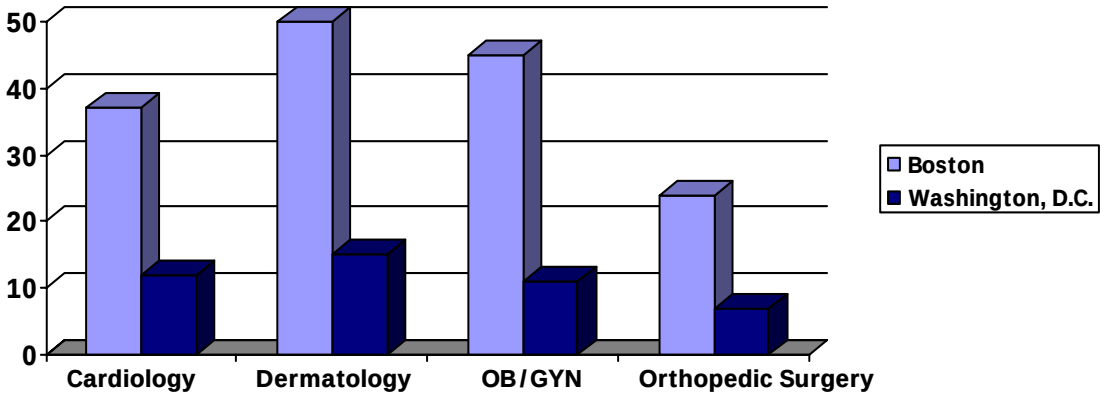
Patient wait times in some of the 15 markets surveyed showed a consistent pattern in which wait times were relatively long or relatively short in most or all of the four specialties at issue.

Boston, for example, reported the longest average patient wait times in three of the four specialties surveyed, and it reported the second longest average wait times in the fourth specialty (orthopedic surgery.) Though the Boston area supports a number of physician teaching hospitals that put new physicians into the work force every year, our experience in

recruiting to the area indicates that Boston is having challenges in physician retention. A high managed care presence and rising malpractice rates are causing many physicians to leave the area and are making it increasingly difficult to attract physicians to Boston. This may account in part for the apparent difficulty in scheduling patient appointments there.

At the other end of the spectrum, average wait times reported for Washington, D.C. were consistently low. In three of the four specialty areas at issue, average patient wait times were 12 days or less, and only extended to an average of 14 days in dermatology. Washington, D.C. has the highest per capita ratio of physicians per population in the country, with 718 physicians per 100,000 people, as reported by the American Medical Association (Idaho, by contrast, has the lowest ratio; 178 physicians per 100,000 population.) This high physician-to-population ratio may explain the relative ease of scheduling a physician appointment in the D.C. area.

Highest & Lowest Average Wait Times In Days By Metro Market



Other markets showed contrasts in wait times based on the specialty at issue. Los Angeles, for example, reported relatively moderate average wait times of 14 days in cardiology and dermatology, and 19 days in obstetrics-gynecology, but a relatively long average wait time of 43 days in orthopedic surgery, the longest average wait time for orthopedic surgery of any market surveyed.

Variations in wait times may be attributable to a variety of factors, including the net number of physicians per-population in a metropolitan area, demographic variations and disease incidence of the population, and prevalent health and lifestyle choices of the population.

It should be noted that all 15 metropolitan markets surveyed represent major population centers where physicians, specialists in particular, typically congregate. Most of these cities enjoy a higher ratio of physicians per population than many less populous areas, and a significantly higher ratio of physicians per population than many rural areas. Access to physician specialists in less populous areas could be expected to be more problematical than in the 15 metropolitan areas surveyed, though that would have to be confirmed by a separate survey.

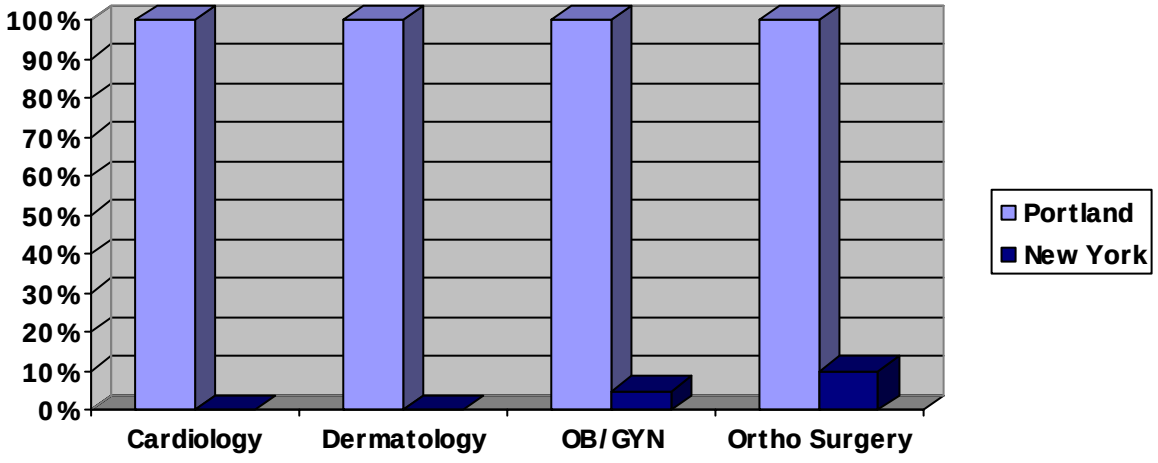
Medicaid Rates of Acceptance

Medicaid acceptance rates also varied from one metropolitan area to the next, and variations among the four specialties were observed within the same metropolitan area.

In Dallas, for example, none of the cardiology or dermatology offices surveyed indicated that they accept Medicaid, while 100% of the obstetrics-gynecology offices surveyed indicated that they do accept Medicaid. In Philadelphia, 80% of cardiology physician offices surveyed indicated that they do accept Medicaid, while 76% of obstetrician-gynecology offices indicated that they do not.

Some markets, by contrast, were more consistent. In Portland, for example, all physician offices in all specialties reported that they accept Medicaid. In New York, none of the cardiology or dermatology offices surveyed indicated that they accept Medicaid, and only 5% of obstetrics-gynecology offices and 10% of orthopedic surgery offices indicated that they accept Medicaid.

Highest & Lowest Medicaid Acceptance Rate By Metro Market



The rate at which physicians accept Medicaid can vary for a number of reasons. In some cases, reimbursement rates provided by Medicaid to particular specialists may be below their cost of providing services. If not actually below costs, Medicaid reimbursement often is relatively low compared to that offered by other payors, and busy physicians may have no economic incentive to see Medicaid patients. In other cases, the process of billing for and receiving Medicaid payment can be problematic and some physicians choose to avoid it.

Medicaid patients comprise many of the patients who present to hospital emergency departments nationwide. Often, lack of access to private practice physicians compels Medicaid patients to seek treatment in hospital emergency rooms. The survey confirms that lack of access to physicians is a significant problem in some areas but not an impediment to physician access in others.

There is evidence, however, that the growing number of patients presenting to hospital emergency departments nationwide is being driven not by Medicaid patients or the uninsured, but by privately insured patients. An October, 2003 report by the Center for Studying Health System Change indicates that privately insured patients accounted for most of the 16% rise in hospital emergency department visits between 1996-97 and 2000-01. Many of these patients are not truly in need of emergency care, but they have found it difficult to see a private practice physician in the time frame that they are comfortable with, and so they seek physician care at a hospital emergency department. **The 2004 Survey of Physician Patient Wait Times** indicates that patient appointment times in some markets may be long enough to cause even insured patients to seek treatment at a hospital emergency department.

Merritt, Hawkins & Associates intends to conduct the Survey of Physician Patient Wait Times on a periodic basis to determine if any change in wait times is occurring over time. Information regarding additional surveys conducted by Merritt, Hawkins & Associates is included on the following page.

The MHA Group / Additional Surveys

Merritt, Hawkins & Associates is part of **The MHA Group**, a national organization of healthcare staffing firms. The MHA Group includes:

Merritt, Hawkins & Associates: Permanent physician & allied healthcare professional placement
Staff Care, Inc.: Locum tenens (temporary) physician staffing
Med Travelers: Temporary allied healthcare professional staffing
RN Demand: Temporary registered nurses
AmeriMed Consulting: Medical Staff Planning, community needs assessments, focus interviews

Other surveys conducted by The MHA Group:

- Review Physician Recruitment Incentives
- Survey of Physicians 50 to 65 Years Old
- Physician Inpatient / Outpatient Revenue Survey
- OB/GYN Malpractice Survey
- Hospital Physician Recruitment Trends Survey
- Review of Temporary Healthcare Staffing Trends & Incentives
- Review of Temporary Healthcare Staffing Trends & Incentives (Mid-level providers)
- Review of Temporary CRNA Staffing Trends
- Review of temporary Healthcare Staffing Trends in Psychiatry

For additional information about this survey or other surveys Merritt, Hawkins & Associates has conducted, please contact:

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