

Volunteerism and the Allergist/Immunologist Physician Marketplace: A Summary of Responses to an IBIS Panel Survey

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Preface

In order to better understand the trends and dynamics affecting the supply, demand, and distribution of allergists in the United States, the Center for Health Workforce Studies at the School of Public Health, University at Albany, State University of New York, at the request of the American Academy for Allergy, Asthma, and Immunology, has examined a variety of aspects of the allergist workforce. Since 1998, the Center has tracked the evolution of the allergist workforce through a number of surveys of practicing allergists, allergy, and immunology fellowship program directors, and recent graduates of allergy and immunology fellowship programs.

The Center has produced a number of reports on the results of these surveys, including: a historical report, “The Supply, Demand and Distribution of Allergists and Immunologists in the United States, A Descriptive Analysis,” (May 1999); “Physicians Providing Allergy and Immunology Services in the United States: Results of the Survey of Physicians Providing Allergy and Immunology Services in the United States, 1999,” (March 2000); a comprehensive report on the specialty, “The Allergy and Immunology Physician Workforce 2000,” (June 2000); a brief examination of managed care and allergy practice, “Managed Care and Allergy and Immunology Practice,” (February 2001); 3 annual graduate medical education tracking reports, “Allergy and Immunology GME Surveys 2000,” (January 2001), “Allergy and Immunology GME Surveys 2001,” (March 2002), and “Allergy and Immunology GME Surveys 2002,” (February 2003); and an overview of second year internal medicine and pediatric residents’ interest in allergy and immunology “Specialty Choices Among Second Year Medicine and Pediatric Residents,” (February 2002).

The current report briefly describes the results of a survey of a panel of practicing allergists on volunteerism and the physician marketplace in 2002. The results from this survey provides valuable, up-to-date information on Academy members’ volunteer activities and opinions, as well as an update on the allergist physician job market.



The Center for Health Workforce Studies is dedicated to the collection, analysis, and distribution of health workforce data to assist health, professional and educational organizations, policy makers, and the public understand issues related to the supply, demand, and use of health workers. This report was prepared by Mark Beaulieu, Gaetano Forte, and Edward S. Salsberg.

The views expressed in this report are those of the Center for Health Workforce Studies and do not necessarily represent positions or policies of the School of Public Health, University at Albany, the State University of New York, or the American Academy of Allergy, Asthma and Immunology.

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Overview

The first IBIS panel survey was distributed in the Fall 2002 to 316 physicians that had been enrolled on the panel the previous Spring. The Center for Health Workforce Studies received responses from 136 physicians providing allergy and immunology for a response rate of 43%¹. The survey covered two broad areas: volunteerism and the allergist/immunologist physician marketplace. Summary data tables can be found in Appendix B.

I. Volunteerism

The IBIS panel survey included several questions concerning physicians' participation in volunteer activities. First, the survey solicited information on participation in Academy-related volunteer activities in the 12 months preceding the survey. Second, questions gathered information on participation in non-Academy related volunteer activities in the 12 months preceding the survey. Third, expected change over the next 12 months in participation in volunteer activities, factors that would motivate increased participation in volunteer activities, and barriers that hinder participation in volunteer activities were assessed.

A) Academy Volunteer Activities

Overall, there were more physicians who reported having participated in volunteer activities at the national and local level, than either the regional or state level. At the national level, Academy committee membership (28%) and Academy interest section participation (24%) were the most likely types of volunteer participation in the previous 12 months. While there were no differences by gender for the types of volunteer activities, there were some differences by age. Allergist/immunologists under 55 years of age were more likely to have participated in Academy committees and Academy interest sections at the national level than physicians 55

¹ Although the response rate was low, no indications of response bias were uncovered. The most damaging effect of the poor response rate was less reliable estimates, i.e., the margins of error for survey items were high, making the task of comparing results across groups of panelists and across surveys difficult. A copy of the survey instrument can be found in Appendix A.

years of age and older. The most common forms of volunteer participation at the local level were primary care rotations in allergy and immunology (37%) and other Academy volunteer activities (11%). There were no additional volunteer activities at any level (national, regional, state, or local), with more than 10% of the panelists reporting participation. Academy committee membership at the regional and state level were the most common types of volunteer participation at their respective levels, but only 6% of respondents reported having participated through Academy committee membership at the regional level or at the state level.

B) Volunteer Activities Outside the Academy

The second section of the volunteerism portion of the survey focused on non-Academy-related volunteer activities. Three-quarters (75%) of the physicians reported that they had participated in medical societies other than the Academy in the previous 12 months. A quarter (25%) reported having spent 1-10 hours in the last 12 months in medical societies other than the Academy. Forty-five percent (45%) of the respondents indicated that they volunteered 11-100 hours in the last year in medical societies other than the Academy. Only 5% reported having spent more than 100 hours in the past year volunteering for other medical societies. There were no significant differences in volunteer participation in medical societies other than the Academy by gender or age.

Volunteer participation in non-medical professional societies was less common than participation in medical societies outside the Academy. About two-thirds (66%) of the respondents reported having spent no time volunteering for non-medical professional societies in the last year. Similar percentages of physicians reported having volunteered 1-10 hours (16%) and 11-100 hours (17%). Very few (2%) of the respondents reported having spent over 100 hours volunteering for non-medical professional societies. There were no statistically significant differences in volunteer participation in non-medical societies by gender or age.

More than three-quarters (77%) of the respondents reported having spent no hours volunteering in political activities in the past 12 months. Less than 1 in 5 (16%) of the respondents reported spending 1-10 hours in volunteer time in political activities in the past year. Smaller percentages of physicians reported having volunteered 11-100 hours (6%) or over 100 hours (2%) in political activities. Volunteering for political activities was not a function of gender

or age.

Physicians were more likely to report volunteering time for religious activities than for political activities. Less than half of the physicians (43%) stated that they did not volunteer any time to religious activities, compared to 77% for political activities. Nine percent (9%) of the physicians reported spending 1-10 hours in religious activities over the last 12 months. One-third (33%) of the respondents reported spending 11-100 hours in religious activities over the last year. Fifteen percent (15%) of the physicians stated that they volunteered more than 100 hours over the last 12 months. As with the other non-Academy volunteer activities, there were no discernable effects of gender or age on volunteering for religious activities.

Over half (57%) of the panelists reported that they had volunteered no time in the last 12 months to other non-Academy activities. Only 4% reported having volunteered for 1-10 hours, over the past 12 months, to other non-Academy. About a third (30%) stated that they had spent 11-100 hours volunteering for other non-Academy activities. About one in ten (9%) of the respondents reported having volunteered over 100 hours in the last year to other non-Academy activities. Participation in other non-Academy volunteer activities was not conditioned by gender or age.

C) Near Future Volunteering Plans

The majority (64%) of respondents indicated that they did not have any plans to change the level of their volunteer participation in Academy-related activities over the next 12 months. More than one-quarter (28%) reported that they would increase their volunteer participation in Academy-related activities over the next year. Only 7% reported that they planned to decrease their volunteer participation in Academy-related activities. The expected change in Academy volunteer activities over the next 12 months was independent of both gender and age.

D) Motivation to Volunteer

The survey also gathered information on the factors that would motivate volunteer participation in Academy-related activities. The most common factor identified to motivate participation was more time for volunteer activities (60%). Specific training in needed skills was the second

most common factor mentioned (34%). Similar percentages of respondents reported the following motivators for participation: better defined leadership pathways (25%), the chance to move up the Academy leadership ladder (20%), more recognition for contributions (19%) and other factors (20%). The least common factor that would motivate participation was longer periods of continuous leadership (4%). The factors identified to motivate physicians to participate in volunteer activities were not related to gender or age.

E) Barriers to Volunteer Participation

The survey also asked for information about barriers to participation in Academy-related activities. The most common barrier to participation was lack of personal time (78%). The next most common barriers were time limits on service (30%) and lack of defined leadership pathways (25%). Lack of staff support (11%), lack of knowledge of allergy and immunology issues (11%), and other barriers (17%) were also reported as barriers to participation in Academy-related activities. Finally, the barriers to participation in Academy-related activities were independent of both gender and age.

II) A/I Physician Marketplace: An Update

The second section of the survey included questions on a variety of workforce related issues. These issues included practice capacity, an assessment of the local job market, the relationship between supply and demand of allergy and immunology services, change in gross practice income, level of competition with other physicians, and future practice plans. Responses to the current survey were compared (where possible) to the responses to the 1999 *Survey of Physicians Providing Allergy and Immunology Services in the United States*. The current survey results were also stratified by age to determine whether there were differences in current perspectives on the allergist/immunologist workforce by age.

A) Practice Capacity

Very few (2%) allergist/immunologists reported that their practices were full and could not accept any more allergy and immunology patients. Forty-five (45%) of the respondents reported that they could accept some more allergy and immunology patients (i.e., their practice

was nearly full). The largest percentage of allergist/immunologists (53%) reported that their practices were far from full and could accept many more allergy and immunology patients. These results are comparable to those from the 1999 *Survey of Physicians Providing Allergy and Immunology Services in the United States*. There were also no significant differences in practice capacity by age.

B) Local Practice Opportunities

A majority (81%) of allergist/immunologists reported that there were few or no available job opportunities within 50 miles of their practice locations. Nineteen percent (19%) of the respondents reported that there were a good number of or many job opportunities within 50 miles of their practice. The panel respondents were 9% more likely to report few job opportunities within 50 miles of their practice location than allergist/immunologists in 1999. Allergist/immunologists in 1999 were 14% more likely to report a good number of job opportunities available within 50 miles of their practice location than panel respondents. Since the allergist/immunologists in 1999 were more likely to report a good number of jobs than the panel respondents, these results could indicate that the job market has softened for allergist/immunologists in certain locations. Allergist/immunologists that were 55 years of age and older were 17% more likely to report that there were a good number of practice opportunities within 50 miles of their practice location than allergist/immunologists under 55 years of age.

C) Local Supply and Demand

Similar percentages of respondents reported that supply was greater than demand (31%) and that supply was less than demand (29%). The most common response provided by allergist/immunologists was that supply was balanced with demand (41%). These results differed from the responses provided by allergist/immunologists in 1999. Allergist/immunologists in 1999 were 13% more likely to report that supply was balanced with demand. Panel respondents were 19% more likely to report that the supply of allergy and immunology physicians in the community is less than the demand for allergy and immunology services. While the panel respondents were more to report that there were that supply is less than demand, they were also less likely to report that there were job opportunities in the local community than allergist/immunologists. There was no difference in the view of the relationship between the supply of

allergist/immunologists in the community and the demand for their services by age among the panel respondents.

D) Income Changes

The panel was also queried about the change in their gross practice income over the last two years. Thirty-one percent (31%) of the respondents reported that their income was somewhat or substantially lower at the time of the survey than 2 years ago. Twenty-nine percent (29%) of the allergy and immunology physicians indicated that their income had not changed over the last two years. Four out of ten (40%) of the physicians reported that their income was somewhat or substantially higher than two years ago. The only difference between panel respondents and allergist/immunologists in 1999, on the change in income, was that the allergist/immunologists in 1999 were 5% more likely to report that their income was substantially lower two years prior. There was no difference in the change in income over the last two years by age.

E) Competition

A majority (54%) of the respondents stated that there was some competition² with other allergist/ immunologists. The second most common response (24%) was that there was a good deal of competition with other allergist/immunologists. Fifteen percent (15%) of the allergist/immunologists reported no competition with other allergist/immunologists, while only 7% of the physicians reported fierce competition.

As was the case for the competition with other allergist/immunologists, the respondents were most likely (50%) to report some competition with non-allergy and immunology physicians. No competition between allergist/immunologists and non-allergy and immunology physicians was the second most common response (28%). The respondents were significantly more likely to report no competition with non-allergy and immunology physicians than with other allergy and immunology physicians. Seventeen percent (17%) of the respondents reported a good deal of competition with non-allergy and immunology physicians and only 5% of the respondents


² Questions concerning competition could not be compared to those in 1999 due to a difference in how the questions were worded.

reported fierce competition. There were no significant differences in the respondents' perceptions of competition by age.

F) Near Future Practice Plans

None of the respondents reported having plans to discontinue providing allergy and immunology services (i.e., full retirement) over the next 12 months. Only one physician (1%) reported that s/he had plans to substantially reduce the number of hours per week s/he provided allergy and immunology services. Eight percent (8%) of the respondents indicated they would slightly reduce the hours per week spent providing allergy and immunology services over the next two years. A large majority (80%) of the allergist/immunologists reported that they would not change the hours per week they spend providing allergy and immunology services. Another 13% of the respondents indicated that they would increase the hours per week they spend providing allergy and immunology services. Not surprisingly, respondents under 55 years of age were significantly more likely to report having plans to increase the hours they would be spending providing allergy and immunology services than allergist/immunologists 55 years of age and older (17% for those under 55 years of age compared to 5% for those 55 years of age and older).

Two percent (2%) of the respondents reported plans to retire or substantially reduce their allergy and immunology practice in less than 3 years. Another 10% of the respondents indicated plans to retire or substantially reduce their allergy and immunology practice in 3 to 5 years. Less than one quarter (23%) of the respondents reported plans to retire or substantially reduce their allergy and immunology practice was 6 to 10 years. A majority (65%) of the respondents stated that it would be 11 or more years before they retired or substantially reduced their allergy and immunology practice. There were no significant changes in plans to retire among the panel members relative to the allergist/immunologists in 1999. As would be expected, however, respondents 55 years of age and older were significantly more likely to report that they would retire or substantially reduce their allergy and immunology practice in 3 to 5 years (32% for those 55 years of age and older compared to 0% for physicians under 55 years of age) and 6 to 10 years (39% for those 55 years of age and older compared to 15% for respondents under 55 years of age) than respondents under 55 years of age. Respondents under



55 years of age were 63% more likely to report that they had plans to retire or substantially reduce their allergy and immunology practice in 11 or more years than respondents 55 years of age and older.

Appendix A: Survey Instrument

Allergy and Immunology Online Panel Survey Fall 2002

The following questionnaire is designed to obtain information on two important issues for the Academy: 1) members' opinions regarding volunteerism and their volunteer activities and 2) current marketplace conditions for Allergist/Immunologists. Your response will be confidential and only reported in the aggregate.

VOLUNTEERISM

1. In the PAST 12 months, how many hours did you participate in the following AAAAI-related volunteer activities:

	National	Regional	State	Local
a) AAAAI Committee Membership	___	___	___	___
b) AAAAI Speakers' Bureau	___	___	___	___
c) AAAAI Interest Section Participation	___	___	___	___
d) AAAAI Mentorships	___	___	___	___
e) Preparation of AAAAI written documents	___	___	___	___
f) Primary Care Rotation in Allergy and Immunology	___	___	___	___
g) Other, specify: _____	___	___	___	___

2. In the PAST 12 months, how many hours did you participate in the following volunteer activities:

	Hours
a) Medical Societies (Not Including AAAAI)	___
b) Non-medical Professional Societies	___
c) Political Activities	___
d) Religious Activities	___
e) Other Volunteer Activities, specify: _____	___

3. In the NEXT 12 months, do you plan to:

- Increase your participation in AAAAI-related volunteer activities
- Not change your participation in AAAAI-related volunteer activities
- Decrease your participation in AAAAI-related volunteer activities

IF you plan to DECREASE your participation in AAAAI-related volunteer activities, this is due to:

- Potential disruption of personal time
- Increasing time required to practice medicine
- Other reasons, specify: _____

4. What would motivate you to participate in AAAAI-related volunteer activities more frequently in the future?

(Please mark all that apply.)

- More recognition for contributions
- Better defined leadership pathway
- Specific training in needed skills
- Chance to move up leadership ladder
- Longer periods of continuous leadership
- More time for volunteer activities
- Other, specify: _____

1. What types of volunteer activities would you be most interested in?

2. In your opinion, what are the most detrimental barriers to participation in AAAAI-related volunteer activities?

(Please mark all that apply.)

- Lack of defined leadership pathways
- Time limits on service
- Lack of staff support
- Lack of personal time
- Lack of knowledge of Allergy and Immunology issues
- Other, specify: _____

WORKFORCE ISSUES

1. Without making substantial changes to your current practice patterns, which response best describes your current Allergy and Immunology (A/I) practice?
 - I cannot accept any more A/I patients, my A/I practice is full.
 - I can accept some more A/I patients, my A/I practice is nearly full.
 - I can accept many more A/I patients, my A/I practice is far from full

2. How would you describe the current employment/practice opportunities for physicians providing A/I services in your local community (50 mile radius)?
 - No available opportunities
 - Few available opportunities
 - A good number of available opportunities
 - Many available opportunities
 - Unknown

3. How would you describe the relationship between the supply of physicians providing A/I services in your community and demand for those services?
 - Supply is much greater than demand
 - Supply is greater than demand
 - Supply is equal to demand
 - Supply is less than demand
 - Supply is much less than demand

4. How would you describe changes in your gross practice income over the past 2 years?
 - Substantially lower
 - Somewhat lower
 - No change
 - Somewhat higher
 - Substantially higher

5. How would you assess the level of competition between yourself and other physicians in your community?

	None	Some Competition	A Good Deal of Competition	Fierce Competition
With other A/I physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With other Non-A/I physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. In the next 12 months, do you intend to:
(Please mark one only)
 - Stop providing A/I services? (full retirement)
 - Substantially reduce the number of hours you spend per week providing A/I services?
 - Slightly reduce the number of hours you spend per week providing A/I services?
 - Continue to spend the same number of hours per week providing A/I services?
 - Increase the number of hours you spend per week providing A/I services?

1. When do you expect to retire from or substantially reduce your A/I practice?

- Less than 3 years
- 3 -5 years
- 6-10 years
- 11-20 years
- More than 20 years

Appendix B: Summary Tabulations

Table 1: Volunteerism Tabulations

	All Respondents			Gender		Age	
	Count	%	Range (+/-)	Female	Male	Under 55 Years of Age	55 Years of Age and Older
National							
AAAAI Committee Membership	34	28%	6%	33%	26%	67%	15% *
AAAAI Speakers' Bureau	3	2%	2%	7%	1%	10%	0%
AAAAI Interest Section Participation	30	24%	6%	20%	26%	50%	16% *
AAAAI Mentorships	2	2%	2%	7%	0%	0%	2%
Preparation of AAAAI Written Documents	11	9%	4%	7%	10%	17%	6%
Primary Care Rotation in A/I	0	0%	0%	0%	0%	0%	0%
Other AAAAI Volunteer Activity	5	4%	3%	0%	5%	10%	2%
Regional							
AAAAI Committee Membership	7	6%	3%	0%	8%	6%	5%
AAAAI Speakers' Bureau	2	2%	2%	3%	1%	2%	0%
AAAAI Interest Section Participation	0	0%	0%	0%	0%	0%	0%
AAAAI Mentorships	0	0%	0%	0%	0%	0%	0%
Preparation of AAAAI Written Documents	0	0%	0%	0%	0%	0%	0%
Primary Care Rotation in A/I	2	2%	2%	3%	1%	0%	5%
Other AAAAI Volunteer Activity	0	0%	0%	0%	0%	0%	0%
State							
AAAAI Committee Membership	7	6%	3%	0%	8%	5%	8%
AAAAI Speakers' Bureau	4	3%	3%	3%	3%	4%	3%
AAAAI Interest Section Participation	0	0%	0%	0%	0%	0%	0%
AAAAI Mentorships	0	0%	0%	0%	0%	0%	0%
Preparation of AAAAI Written Documents	0	0%	0%	0%	0%	0%	0%
Primary Care Rotation in A/I	6	5%	3%	0%	6%	5%	5%
Other AAAAI Volunteer Activity	1	1%	1%	0%	1%	1%	0%
Local							
AAAAI Committee Membership	8	7%	4%	0%	9%	7%	5%
AAAAI Speakers' Bureau	10	8%	4%	10%	8%	6%	13%
AAAAI Interest Section Participation	3	2%	2%	0%	3%	2%	3%
AAAAI Mentorships	4	3%	3%	3%	3%	4%	3%
Preparation of AAAAI Written Documents	1	1%	1%	0%	1%	1%	0%
Primary Care Rotation in A/I	46	37%	7%	30%	40%	36%	41%
Other AAAAI Volunteer Activity	14	11%	5%	7%	13%	10%	15%
Other Volunteer Activities							
Medical Societies (Not AAAAI)							
None	32	25%	<i>Mean</i>	21%	26%	22%	31%
1-10 Hours	32	25%	<i>32 hours</i>	38%	21%	26%	23%
11-100 Hours	58	45%	<i>Range</i>	38%	47%	46%	44%
Over 100 Hours	7	5%	<i>+/- 9.3</i>	3%	6%	7%	3%
Non-Medical Professional Societies							
None	85	66%	<i>Mean</i>	72%	64%	64%	69%
1-10 Hours	20	16%	<i>13 hours</i>	7%	18%	14%	18%
11-100 Hours	22	17%	<i>Range</i>	17%	17%	19%	13%
Over 100 Hours	2	2%	<i>+/- 5.0</i>	3%	1%	2%	0%
Political Activities							
None	99	77%	<i>Mean</i>	72%	78%	78%	74%
1-10 Hours	20	16%	<i>9 hours</i>	21%	14%	17%	13%
11-100 Hours	8	6%	<i>Range</i>	3%	7%	3%	13%
Over 100 Hours	2	2%	<i>+/- 7.6</i>	3%	1%	2%	0%
Religious Activities							
None	56	43%	<i>Mean</i>	34%	46%	44%	41%
1-10 Hours	11	9%	<i>61 hours</i>	7%	9%	9%	8%
11-100 Hours	43	33%	<i>Range</i>	45%	30%	34%	31%
Over 100 Hours	19	15%	<i>+/- 14.1</i>	14%	15%	12%	21%
Other Volunteer Activities							
None	74	57%	<i>Mean</i>	55%	58%	57%	59%
1-10 Hours	5	4%	<i>62 hours</i>	7%	3%	3%	5%
11-100 Hours	39	30%	<i>Range</i>	31%	30%	30%	31%
Over 100 Hours	11	9%	<i>+/- 21.5</i>	7%	9%	10%	5%

Notes: 1) All range calculations are based on a 90% confidence level.
 2) * Denotes a statistically significant difference.

Table 1: Volunteerism Tabulations (cont.)

	All Respondents			Gender		Age	
	Count	%	Range (+/-)	Female	Male	Under 55 Years of Age	55 Years of Age and Older
Planned Changes in AAAAI Volunteer Activities over the Next 12 Months							
Increase	31	28%	9%	38%	25%	29%	28%
No Change	70	64%	10%	58%	66%	64%	66%
Decrease	8	7%	5%	4%	8%	8%	7%
Factors that Would Motivate Participation in AAAAI Volunteer Activities							
More Recognition for Contributions	21	19%	6%	15%	20%	19%	19%
Better Defined Leadership Pathway	28	25%	7%	22%	27%	28%	19%
Specific Training in Needed Skills	37	34%	7%	26%	36%	35%	29%
Chance to Move Up Leadership Ladder	22	20%	6%	11%	23%	23%	13%
Longer Periods of Continuous Leadership	4	4%	3%	4%	4%	4%	3%
More Time for Volunteer Activities	66	60%	8%	63%	59%	62%	55%
Other	24	22%	6%	19%	23%	20%	26%
Barriers to Participation in AAAAI Volunteer Activities							
Lack of Defined Leadership Pathways	31	25%	6%	24%	26%	30%	14% *
Time Limits on Service	36	30%	7%	24%	31%	25%	40%
Lack of Staff Support	14	11%	5%	10%	12%	11%	11%
Lack of Personal Time	95	78%	6%	79%	77%	78%	77%
Lack of Knowledge of A/I Issues	14	11%	5%	14%	11%	8%	20%
Other Barrier to Participation	21	17%	5%	14%	18%	20%	11%

Notes: 1) All range calculations are based on a 90% confidence level.
 2) * Denotes a statistically significant difference.

Table 2: A/I Physician Marketplace Tabulations

	All Respondents			Age		Allergist/ Immunologists 1999
	Count	%	Range (+/-)	Under 55 Years of Age	55 Years of Age and Older	
Current Practice Capacity						
I cannot accept any more A/I patients, A/I practice is full	3	2%	2%	1%	5%	1%
I can accept some more A/I patients, practice is nearly full	60	45%	9%	45%	44%	43%
Can accept many more A/I patients, practice far from full	71	53%	9%	54%	51%	56%
Local Employment/practice opportunities for A/I physicians (within 50 miles)						
No available opportunities	36	27%	10%	29%	23%	25%
Few available opportunities	71	54%	11%	59%	44%	45% *
A good number of available opportunities	18	14%	8%	9%	26% *	28% *
Many available opportunities	6	5%	5%	3%	8%	3%
Relationship Between the Supply of A/I Physicians in Community and Demand for those Services						
Supply greater than demand	41	31%	9%	31%	30%	36%
Supply balanced with demand	54	41%	9%	42%	38%	54% *
Supply less than demand	38	29%	8%	27%	33%	10% *
Change in Gross Practice Income Over the Past 2 Years						
Substantially lower	9	7%	6%	6%	8%	12% *
Somewhat lower	32	24%	10%	23%	28%	29%
No change	39	29%	11%	27%	35%	26%
Somewhat higher	46	35%	12%	38%	28%	28%
Substantially higher	7	5%	5%	6%	3%	5%
Competition with A/I Physicians						
None	20	15%	8%	16%	12%	N/A
Some competition	72	54%	11%	52%	59%	N/A
A good deal of competition	32	24%	9%	24%	24%	N/A
Fierce competition	10	7%	6%	9%	5%	N/A
Competition with Non-A/I Physicians						
None	37	28%	10%	24%	37%	N/A
Some competition	67	50%	11%	53%	44%	N/A
A good deal of competition	22	17%	8%	15%	20%	N/A
Fierce competition	7	5%	5%	8%	0%	N/A
Plans for Next 12 Months						
Stop Providing A/I Services (Full Retirement)	0	0%	0%	0	0	N/A
Substantially Reduce Hours/Week Providing A/I Services	1	1%	1%	0	2%	N/A
Slightly Reduce Hours/Week Providing A/I Services	11	8%	7%	5%	15%	N/A
No Change in Hours/Week Providing A/I Services	107	80%	10%	81%	78%	N/A
Increase Hours/Week Providing A/I Services	18	13%	8%	17%	5% *	N/A
Expected Time to Retirement or Substantial Reduction in A/I Practice						
Less than 3 years	3	2%	3%	0%	7%	4%
3-5 years	13	10%	6%	0%	32% *	13%
6-10 years	30	23%	9%	15%	39% *	20%
11+	87	65%	10%	85%	22% *	63%

Notes: 1) All range calculations are based on a 90% confidence level.
2) * Denotes a statistically significant difference.

