



SDCMS 2005 Physician Workforce & Compensation Survey

Contact: Kyle Lewis, SDCMS Director of Communications

Desk: (858) 300-2784

Cell: (619) 991-9242

E-mail: KLewis@SDCMS.org

SDCMS 2005 Physician Workforce & Compensation Survey

Table of Contents

I. Executive Summary	3
II. The Tale of Two Practices.....	5
III. Specialty Overview	6
IV. Demographics of the Physician Responders	7
V. Specialty Distribution	9
VI. New Patient Appointment Wait Times	11
VII. Physician Hours Spent with Patients	13
VIII. Total Physician Work Hours	13
IX. (Dis)Satisfaction with the Practice of Medicine	13
X. Physician Shortage	13
XI. Specialty-specific Physician Shortages	14
XII. Physician Recruiting.....	14
XIII. Physician Future Planning	15
XIV. Medicare & Medi-Cal	16
XV. Physician Compensation	18
XVI. Compensation Trends	21

SDCMS 2005 Physician Workforce & Compensation Survey

I. Executive Summary

In 2002, the San Diego County Medical Society (SDCMS) conducted the first physician workforce and compensation survey in San Diego County. A paper survey was mailed to all the physicians in San Diego County for whom SDCMS had addresses. The results of that survey provided the first insights into the attitudes of physicians towards their work and workplace and quantified the compensation environment for San Diego County.

In October and November of 2005, the second SDCMS physician workforce and compensation survey was conducted. This survey, unlike the 2002 survey, was an online survey announced by an e-mail to all the physicians in San Diego County for whom SDCMS had e-mail addresses.

A copy of the survey in PDF format can be obtained by e-mailing Kyle Lewis at KLewis@SDCMS.org.

The key findings of the 2005 survey are as follows:

A. When compared to 2002 data, there was a significant lengthening of the wait times for new patient appointments in 2005. The average time for a new patient to obtain an appointment in 2005 was 2.2 weeks (11 business days). There was significant variation in new patient appointment wait times among specific specialties. Several specialties had significantly higher than normal wait times in both 2005 and 2002: dermatology, neurology, ophthalmology, orthopedic surgery, psychiatry, and urology. Of note, wait times for obstetrics/gynecology in 2005 were significantly reduced when compared to 2002.

B. It was easier to obtain a new appointment with solo/small-group physicians than with medium/large-group physicians.

C. The average total number of hours worked by San Diego physicians, including clinical and non-clinical work, was 57 hours per week. The physician workweek is getting longer. The 2002 average was 53 hours; over the past three years, working hours have increased by 7%.

D. A San Diego physician spends, on average, 42 hours per week seeing patients. There was negligible variation when the data was analyzed by gender, practice size, or specialty.

E. Solo/small-group physicians work longer total hours (on average 60 hours per week) than medium/large-group physicians (55 hours per week).

F. The total hours worked by female physicians was significantly less (53 hours per week versus 58 hours per week) than total hours worked by their male counterparts. There was, however, no significant difference between female and male physicians in the total hours spent in patient care.

G. Specialists averaged a total workweek of 58 hours, while primary care physicians averaged 53 hours per week, again with no significant difference in hours spent directly in patient care.

H. Solo/small-group physicians feel much more strongly than medium/large-group physicians that time spent with patients was adequate (73% of solo/small-group physicians versus 52% of medium/large-group physicians).

I. The dissatisfaction of physicians with the practice of medicine in San Diego is strong. Overall, 53% were less satisfied with the practice of medicine than they were five years ago. On the bright side, when compared to 2002 data, there was some amelioration of the dissatisfaction: from 67% in 2002 to 53% dissatisfied in 2005.

SDCMS 2005 Physician Workforce & Compensation Survey

J. When compared to 2002 data, there was a reduction in the sense that there is a physician shortage in San Diego County. Even so, 44% of physician respondents felt there was a physician shortage. When examined by practice size, 35% of solo/small-group physicians felt there was a physician shortage, while 48% of medium/large-group physicians felt there was a physician shortage.

K. There were multiple statistical indicators that there was a shortage of specialists practicing in dermatology, otolaryngology, neurology, neurosurgery, orthopedics, rheumatology, and urology.

L. There is strong concern about recruiting physicians to San Diego County. Solo/small-group physicians are having a much harder time bringing on new physicians. Compared to 2002, there are greater problems in 2005 recruiting physicians to live and work in San Diego. There was significant recruiting difficulty reported for general surgery (*repeat from 2002*), hand surgery, neurology (*repeat from 2002*), ophthalmology, orthopedic surgery, otolaryngology, psychiatry (*repeat from 2002*), radiology (*repeat from 2002*), urology (*repeat from 2002*), and, very surprisingly, internal medicine and family medicine.

M. The 2005 survey projects that San Diego will see 81% of its physicians maintaining their practice as *is* for the next three years. When compared with 2002 data, there is considerable improvement in physician retention.

N. Medium/large-sized practices have high acceptance rates for Medicare and Medi-Cal and do not intend to change even in the face of a potential reduction in rates. 87% took Medicare three years ago, and 87% report taking Medicare today. 78% took Medi-Cal three years ago, and 74% report taking Medi-Cal today.

O. There has been a clear exodus from Medi-Cal and Medicare for solo and small groups, and within solo/small groups, that trend is exacerbated for specialists. Among solo/small-group physicians, 92% took Medicare three years ago, and 85% report taking Medicare today, a drop of 7%. Solo/small-group physicians reported that 58% took Medi-Cal three years ago, and 50% report taking Medi-Cal today, a drop of 8%.

P. Solo/small-group physicians report that in the face of a 5% cut in Medi-Cal rates, only 33% would continue to take Medi-Cal as *is*.

Q. Solo/small-group physicians are paid less than medium/large-group physicians. Female physicians make less than their male counterparts. Primary care physicians are reimbursed less than specialists. In a geographic anomaly, solo/small-group physicians in the Hillcrest and South Bay are paid less than their geographic peers.

R. The general compensation trend is positive, with the female physician compensation trend slightly more positive than for males. The compensation of primary care physicians has increased relative to that of specialists. Not surprisingly, younger physicians see their compensation increasing, while older physicians do not.

S. The specialties that are in crisis in San Diego are neurosurgery, neurology, orthopedic surgery, otolaryngology (ENT), and urology.

T. The specialties that are in difficulty in San Diego are obstetrics/gynecology, dermatology, general surgery, ophthalmology, psychiatry, pulmonology, radiology, and rheumatology.

SDCMS 2005 Physician Workforce & Compensation Survey

II. The Tale of Two Practices

An underlying theme of the 2005 Physician Workforce & Compensation Survey is the widening gulf between the solo/small group practice (defined as fewer than five physicians in a practice) and the medium/large-sized practices. Across a number of factors, there is a wide gulf between the practice types. Table 1 below summarizes the differences:

	Physicians Practicing Solo or in Small Groups	Physicians Practicing in Medium or Large Groups
New patients able to get an appointment	Easier	Harder
Physician satisfaction with time spent with patients	Greater	Lesser
Total physician work hours	Longer	Shorter
Compensation	Lesser	Greater
Concerned about recruiting new physicians	More	Less
Think there is a physician shortage	Less	More
Backing away from Medicare & Medi-Cal	More	Less

Table 1. Differences Between Solo/Small-group Physicians and Medium/Large-group Physicians

SDCMS 2005 Physician Workforce & Compensation Survey

III. Specialty Overview

Although highly subjective, the study identified those specialties that were in crisis — defined as longer than average wait times for new patients and perceived as a shortage and difficulty recruiting — highlighted in red.

The specialties that are in crisis in San Diego are neurosurgery, neurology, orthopedic surgery, otolaryngology (ENT), and urology.

In addition, those specialties that were in difficulty — defined as having two of the three criteria above — were highlighted in yellow.

The specialties that are in difficulty in San Diego are obstetrics/gynecology, dermatology, general surgery, ophthalmology, psychiatry, pulmonology, radiology, and rheumatology.

	Primary Care	Less than five responses	Greater than average <u>wait times</u> for new patients	Physicians perceive this as a <u>shortage</u>	Difficulty <u>recruiting</u>
Family Medicine	Yes			Yes	
Internal Medicine	Yes			Yes	
Pediatrics	Yes				
Ob/Gyn	Yes		Yes	Yes	
Allergy and Immunology					
Anesthesiology				Yes	
Cardiology			Yes		
Dermatology			Yes	Yes	Some
Emergency Medicine					Some
Endocrinology		Yes			Some
Gastroenterology			Yes		Some
General Surgery				Yes	Significant
Hand Surgery		Yes			Significant
Hematology/Oncology					Some
Nephrology		Yes			
Neurology			Yes	Yes	Significant
Neurosurgery			Yes	Yes	Some
Occupational Medicine					Some
Ophthalmology			Yes		Significant
Orthopedic Surgery			Yes	Yes	Significant
Otolaryngology			Yes	Yes	Significant
Pain Medicine		Yes			
Pathology		Yes			
Physical Medicine					
Plastic Surgery					
Psychiatry				Yes	Significant
Pulmonology			Yes		Some
Radiology				Yes	Significant
Rheumatology		Yes	Yes	Yes	
Thoracic Surgery		Yes			
Urology			Yes	Yes	Significant
Vascular Surgery		Yes			

Table 2. Overview of Specialties in Crisis and in Difficulty

SDCMS 2005 Physician Workforce & Compensation Survey

IV. Demographics of the Physician Responders

A. 462 active physicians responded. 13 residents, students, retired physicians, and physicians not seeing patients were removed from the 475 data pool.

B. 66% of the respondents were SDCMS members. In San Diego County, 28% of physicians are members of the Medical Society.

C. Respondents were 74% male, 26% female. This compares favorably with a ratio of 77%–23% male/female for the universe of San Diego County physicians.

D. Respondents were distributed throughout the physician lifecycle: 26% in their first 10 years of practice, 36% in their second decade of practice, and 37% in practice for more than 20 years.

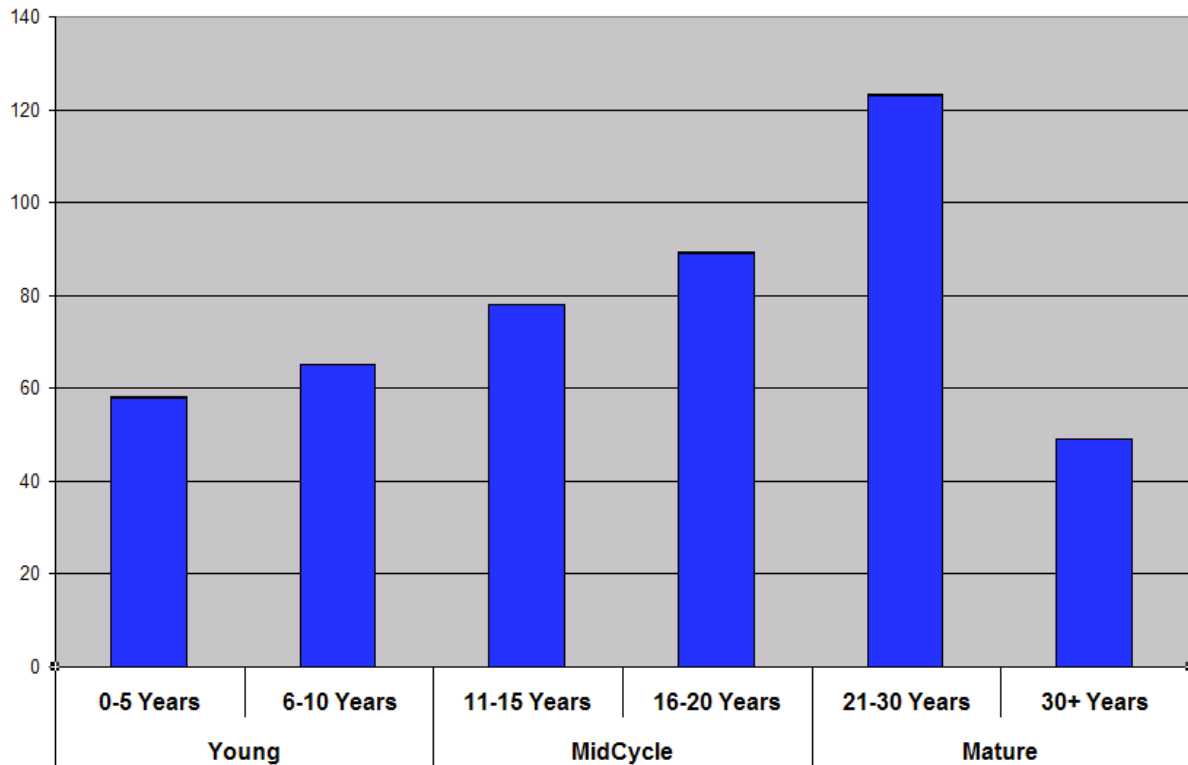


Table 3. Distribution of Survey Respondents by Years in Practice

E. Of the responding physicians, 40% were in primary care — defined as practicing in the specialties of family medicine, obstetrics/gynecology, pediatrics, and internal medicine. 60% were categorized as practicing outside of primary care, i.e., as specialists. This compares favorably with a primary care physician/specialist ratio of 39%–61% for all physicians in San Diego.

F. 31% were in solo/small groups (defined as fewer than five physicians). 62% were in medium/large groups, and 8% were practicing in academic medicine, community clinics, or government settings.

SDCMS 2005 Physician Workforce & Compensation Survey

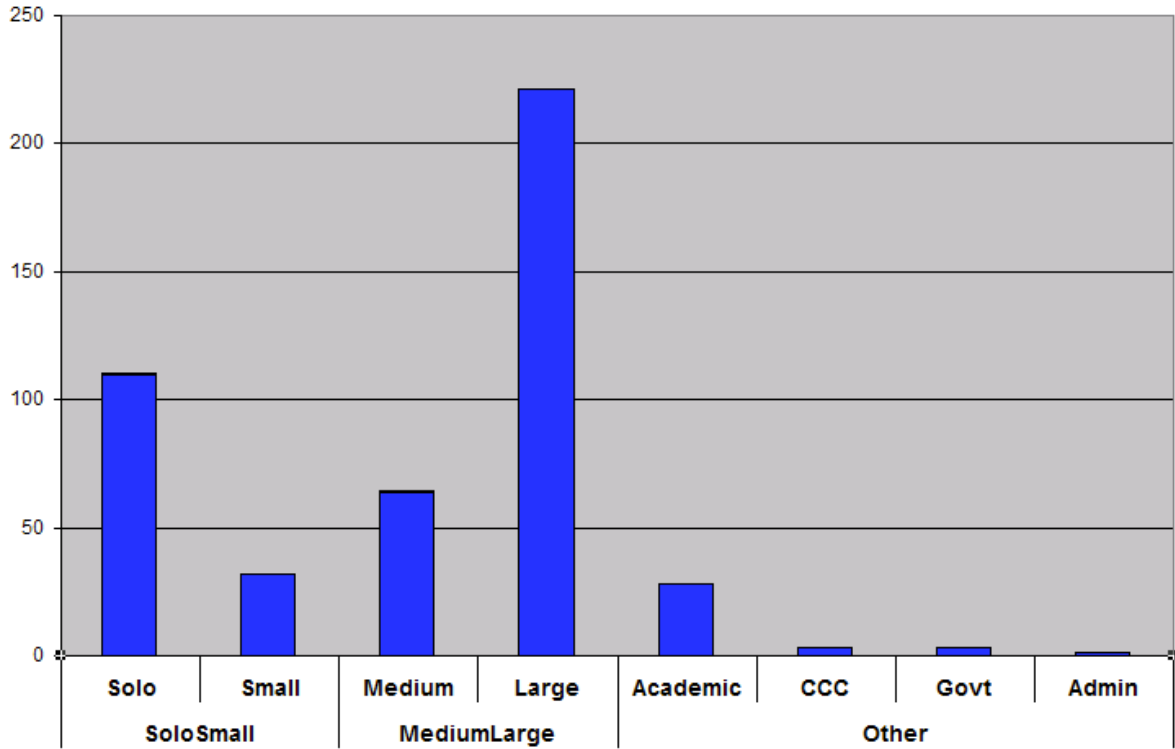


Table 4. Distribution of Survey Respondents by Size of Practice

G. 93% were full time, and 7% were half time.

H. There were no real trends when the distribution of physicians was analyzed for geographic distribution and practice size. As expected, East County had a large percentage of medium/large-group physicians because of Kaiser Permanente’s presence there. Hillcrest and La Jolla had the highest percentage of physicians practicing in an academic setting (the yellow “Other” category). There were no under-represented geographic areas.

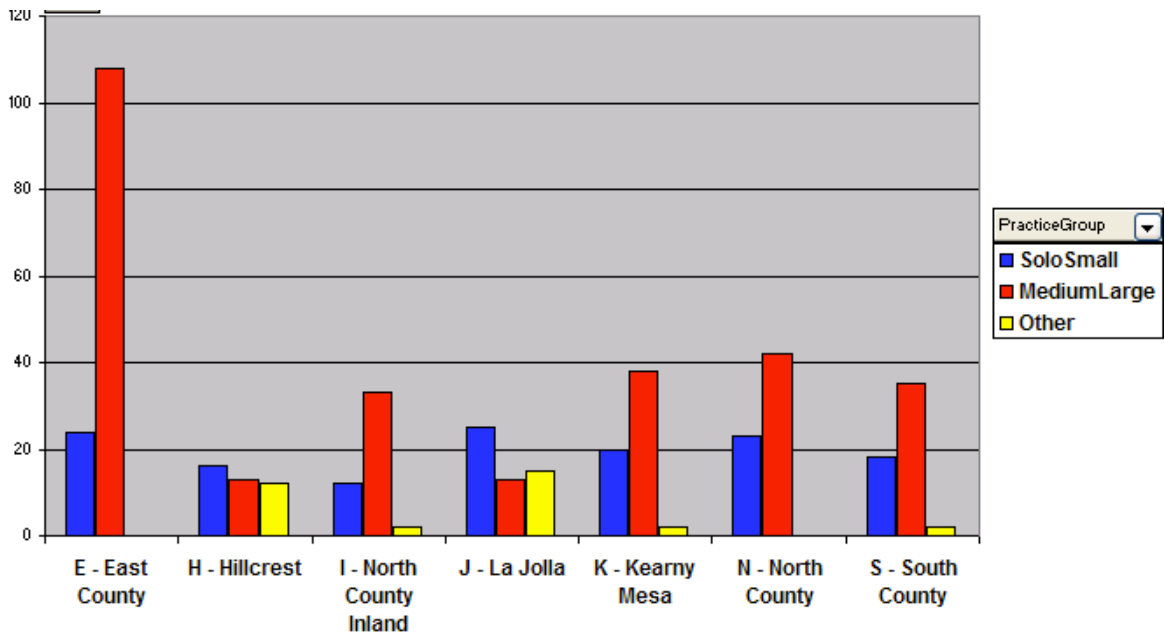


Table 5. Distribution of Survey Respondents by Area of County

SDCMS 2005 Physician Workforce & Compensation Survey

- I. When compared to 2002 data, the following areas showed some demographic difference:
 1. The total number of respondents was less: 462 versus 1,235. In 2002, the surveys were paper ballots and were mailed to all physicians — over 5,000 physicians. In 2005, the surveys were electronic and were e-mailed to about 2,500 physicians. The response rate was approximately the same in 2002 and 2005.
 2. The proportion of SDCMS members increased from 52% in 2002 to 66% in 2005. This is believed to be because the method of obtaining responses was electronic, and the number of e-mail addresses for members is much higher than for non-members.
 3. The age distribution was much more even in 2005 than in 2002.
 4. The practice size distribution changed between 2002 and 2005. Three years ago, the respondents were evenly split between solo/small groups and medium/large groups — both at 45%. In 2005, solo/small-group physicians represented 31%, and medium/large-group physicians represented 62%. The remaining roughly 10% in both surveys were practicing in a government, academic, or community clinic setting.

V. Specialty Distribution

- A. The following specialties (listed in alphabetical order) had 20 or more responses:

- Emergency Medicine
- Family Medicine
- General Surgery
- Internal Medicine
- Obstetrics/Gynecology
- Orthopedic Surgery
- Pediatrics
- Psychiatry

- B. The following specialties had between 5 and 20 responses:

- Allergy and Immunology
- Anesthesiology
- Cardiology
- Dermatology
- Gastroenterology
- Hematology/Oncology
- Neurology
- Neurosurgery
- Occupational Medicine
- Ophthalmology
- Otolaryngology
- Physical Medicine
- Plastic Surgery
- Pulmonology
- Radiology
- Urology

- C. The following specialties had fewer than 5 responses:

- Endocrinology
- Hand Surgery
- Nephrology
- Pain Medicine
- Pathology
- Rheumatology
- Thoracic Surgery
- Vascular Surgery

Table 6 presents the distribution of respondents by specialty.

SDCMS 2005 Physician Workforce & Compensation Survey

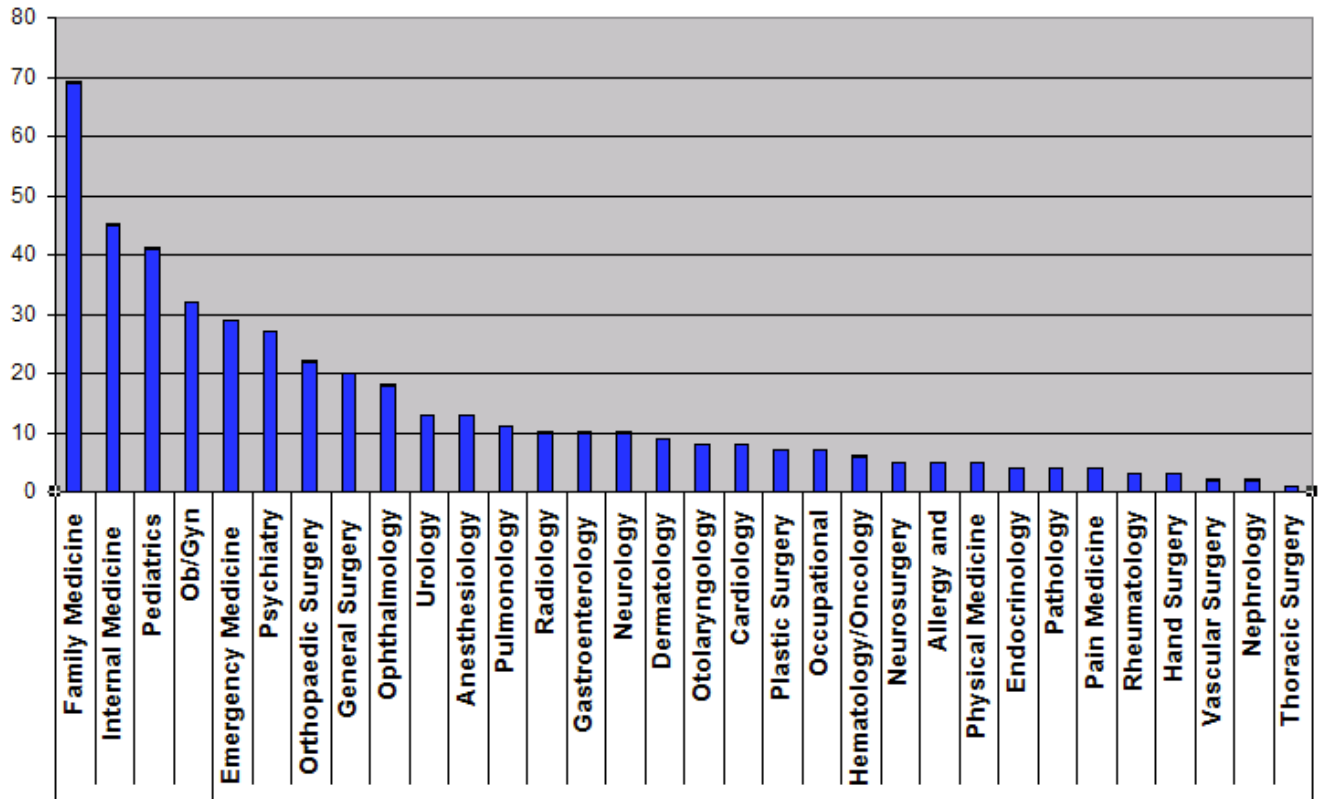


Table 6. Distribution of Survey Respondents by Specialty

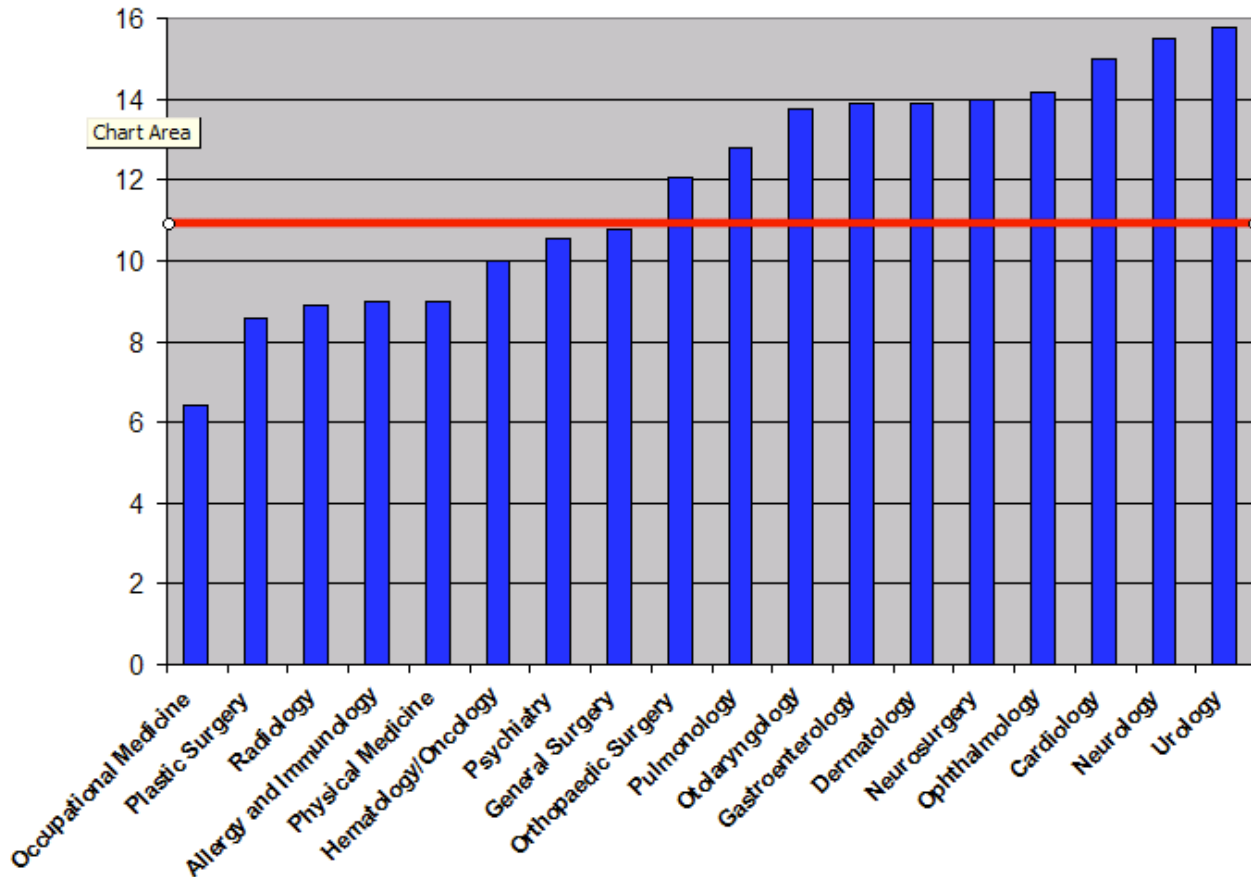
SDCMS 2005 Physician Workforce & Compensation Survey

VI. New Patient Appointment Wait Times

Physicians were asked how long, in weeks, it took to schedule an appointment for a new patient. The average time for a new patient to obtain an appointment was 2.2 weeks (or 11 business days).

The data was analyzed to determine any variance by physician gender, physician experience, or whether the physician was a specialist or a primary care physician. There was no significant (more than one day) variance among those three factors.

As would be expected, the data indicated significant variation between specific specialties. Data for those specialties receiving fewer than 5 physician responses were removed from the chart. The red line represents the average wait time of 11 days.



*Table 7. Average New Patient Appointment Wait Times by Specialty
(excluding primary care and low-response specialties)*

Several specialties had significantly higher than normal wait times in both 2005 and 2002: urology, neurology, dermatology, orthopedic surgery, psychiatry, and ophthalmology.

When the primary care physicians — family medicine, obstetrics/gynecology, internal medicine, and pediatrics — were analyzed, there was also significant variation:

- Pediatrics: 8 days
- Internal Medicine: 10 days
- Family Medicine: 11 days
- Obstetrics/Gynecology: 14 days

Of note, wait times for obstetrics/gynecology in 2005 have significantly reduced when compared to 2002.

SDCMS 2005 Physician Workforce & Compensation Survey

When the response data was sorted by practice size, a discernible difference in wait times between small/solo-group practices and medium/large-group practices emerged. The data suggests that it was easier to obtain a new appointment for solo/small-group physicians than for medium/large-group physicians. Of particular note was the large number of waits of more than four weeks for medium/large-group physicians.

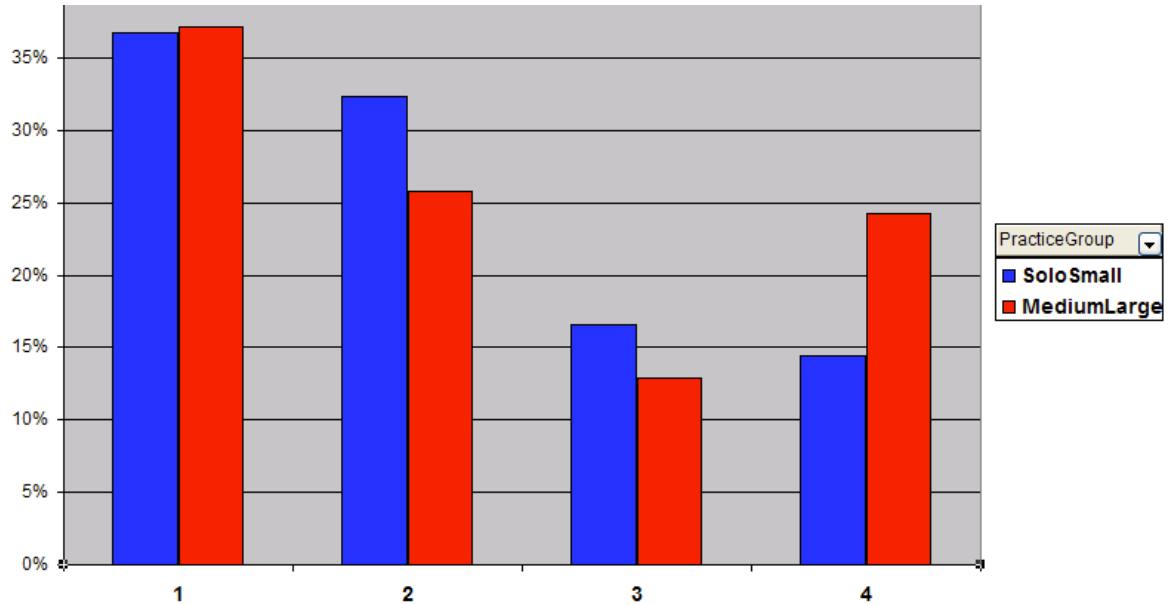


Table 8. Distribution of Wait Times by Size of Practice

When compared to 2002 data, there is a significant lengthening of the wait times for new appointments. The following chart clearly indicates that wait times have gotten longer!

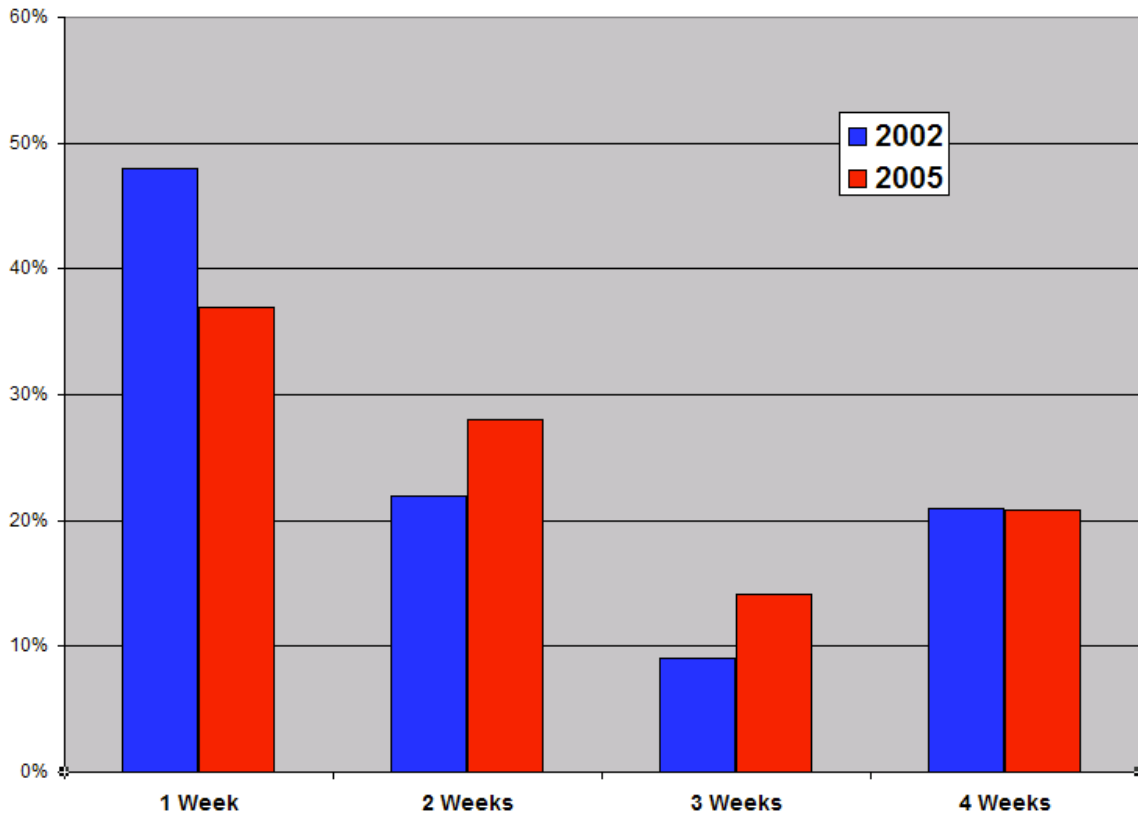


Table 9. Comparison of New Patient Wait Times Between 2002 and 2005

SDCMS 2005 Physician Workforce & Compensation Survey

VII. Physician Hours Spent With Patients

A San Diego physician spends, on average, 42 hours per week seeing patients. There was negligible (less than 1 hour per week) variation when the data was analyzed by gender, practice size, or specialist versus primary care physician.

When compared to 2002 data, the number of hours spent directly in patient care in 2005 has increased slightly from 39.2 hours per week to 41.6 hours per week.

Physicians were asked whether they felt that the time spent with patients was adequate. 59% responded that time with patients was adequate, while 41% said time was inadequate.

However, when the data was analyzed by size of practice, a very significant difference emerged. Solo/small-group physicians, by a 73% to 27% ratio, felt (overwhelmingly) that time spent with patients was adequate. Medium/large-group physicians, on the other hand, were evenly split (52% to 48%) that time spent with patient care was adequate.

There were similar, although not as significant, divergences of opinion when the time spent with patients was analyzed by gender — males 61% satisfied versus females 52% satisfied — and by specialties/primary care — 55% of primary care physicians were satisfied with time spent with patients versus 61% of specialists.

VIII. Total Physician Work Hours

The total number of hours worked by San Diego physicians, including clinical and non-clinical hours, was 57 hours per week.

There was, however, a clear difference in total hours worked when analyzed by group size. Solo/small-group physicians work longer hours — on average 60 hours per week — than physicians medium/large-group physicians — 55 hours per week.

There was a similar disparity when the data was examined by gender. The total hours worked by female physicians was significantly less — 53 hours per week versus 58 hours per week — than total hours worked by their male counterparts. Of note, there was no significant difference in the number of patient care hours for female versus male physicians.

Specialist averaged 58 hours per week, while primary care physicians averaged 53 hours per week, again with no significant difference in patient care hours.

When compared to 2002 data, the physician workweek is getting longer. The 2002 average was 53 hours, so over the past three years, working hours have increased by 7%.

IX. (Dis)Satisfaction With the Practice of Medicine

The dissatisfaction of physicians with the practice of medicine in San Diego is strong. Overall, 53% are less satisfied with the practice of medicine than they were five years ago, 13% are more satisfied, and 33% see no change in their satisfaction. There is little variation along any axis of data analysis.

On the bright side, when compared to 2002 data, there was some amelioration of the dissatisfaction — from 67% in 2002 to 53% dissatisfied in 2005. However, the data indicates that that decrease in dissatisfaction is not resulting in more physicians being “more satisfied,” simply more physicians are “same”.

X. Physician Shortage

Physicians were asked whether they felt there was a physician shortage, and, if so, in what areas.

Overall, 44% of physician respondents felt there was a physician shortage. When examined by practice size, 35% of solo/small-group physicians felt there was a physician shortage, while 48% of medium/large-group physicians felt there was a physician shortage.

When compared to 2002 data, there appears to be an amelioration of the sense that there is a physician shortage: In 2002, 64% of respondents indicated there was a shortage, versus 48% in 2005.

SDCMS 2005 Physician Workforce & Compensation Survey

XI. Specialty-specific Physician Shortages

Every respondent was asked which specialties were experiencing shortages. The results were tabulated to identify in what specialties there was a consensus of shortage.

The following is a list (alphabetized) of specialties where more than 10 physicians felt there were shortages. Of those listed, some specialties had longer than average wait times for a new patient appointment — an informal indicator that a perceived shortage by physicians is translating into a real problem for patients.

- Anesthesiology
- Dermatology (*exceeds average wait times for a new patient appointment*)
- ENT (*exceeds average wait times for a new patient appointment*)
- Family Medicine
- General Surgery
- Internal Medicine
- Neurology (*exceeds average wait times for a new patient appointment*)
- Neurosurgery (*exceeds average wait times for a new patient appointment*)
- Obstetrics/Gynecology
- Orthopedics (*exceeds average wait times for a new patient appointment*)
- Psychiatry
- Radiology
- Rheumatology (*exceeds average wait times for a new patient appointment*)
- Urology (*exceeds average wait times for a new patient appointment*)

XII. Physician Recruiting

Paradoxically, while there does not seem to be a very strong sense of physician shortage, there is clearly a very strong sense of concern about recruiting physicians.

Of those who were recruiting or involved in recruiting, 45% reported some difficulty in recruiting, while 34% reported significant difficulties recruiting. Only 20% reported no difficulties in recruiting.

A significant difference emerged when analyzing recruiting difficulty by practice size. An astonishing 51% of solo/small-group physicians reported difficulty recruiting, while that same statistic for medium/large-group physicians was “only” 30%. Clearly, solo/small-group physicians are having a much harder time bringing on new physicians!

Compared to 2002, there are greater problems recruiting physicians to live and work in San Diego in 2005. In 2002, 35% (versus 45% in 2005) reported some difficulty in recruiting, while 29% (versus 20%) reported no difficulties in recruiting.

Compared to 2002, the asymmetry between solo/small-group and medium/large-group recruiting has not changed.

Specialty-specific data was then analyzed to identify those specialties with significant recruiting problems. While the degree of difficulty in recruiting is somewhat subjective, analysis of the data indicates that:

- A. Significant recruiting difficulty was indicated for the following specialties (sorted alphabetically):
- General Surgery (*repeat from 2002*)
 - Hand Surgery
 - Neurology (*repeat from 2002*)
 - Ophthalmology
 - Orthopedic Surgery
 - Otolaryngology
 - Psychiatry (*repeat from 2002*)
 - Radiology (*repeat from 2002*)
 - Urology (*repeat from 2002*)

SDCMS 2005 Physician Workforce & Compensation Survey

B. Some difficulty was identified for the following specialties:

- Dermatology
- Emergency Medicine
- Endocrinology
- Gastroenterology
- Hematology/Oncology
- Neurosurgery
- Occupational Medicine
- Pulmonology

Interestingly, and unexpectedly, significant problems were reported in recruiting primary care physicians in internal medicine and family medicine.

XIII. Physician Future Planning

The 2005 survey projects that San Diego will see 81% of its physicians maintaining their practice as *is* for the next three years.

Physicians were asked what they intend to do with their practice in one to three years. The results are as follows:

- Leave practice of medicine in 1 year: 2%
- Leave practice of medicine in three years: 7%
- Reduce hours in the practice of medicine in 1 year: 3%
- Reduce hours in the practice of medicine in three years: 7%

When analyzed by district, North County Inland and South Bay were lower than the average, but not by more than 8%.

When compared with 2002 data, there is considerable improvement in physician retention: In 2002, physicians stated that 35% would leave the practice of medicine within three years, versus 19% in 2005.

Not surprisingly, of those physicians likely to change their practice mode, there was differentiation between the projected actions of mature physicians and mid-cycle or young physicians.

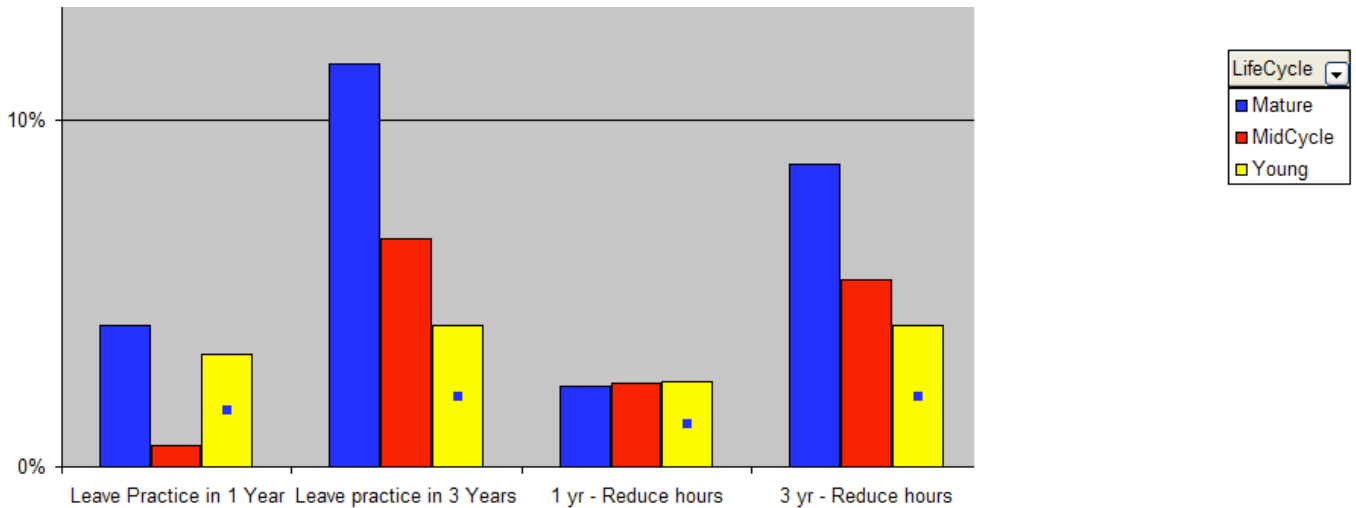


Table 10. Physician Future Plans

SDCMS 2005 Physician Workforce & Compensation Survey

XIV. Medicare & Medi-Cal

Physicians were asked about their relationship to both Medicare and Medi-Cal: whether they took Medicare or Medi-Cal three years ago, whether they take them now, and what they would do in the face of a putative 5% reduction in reimbursement rates.

The data for both Medicare and Medi-Cal is very clearly bifurcated by the size of practice. In each case, the data will be presented for solo/small group physicians — where the physicians are likely to have a different behavior with respect to Medicare and Medi-Cal — and separately for medium/large-group physicians.

The key to understanding the behavior is that medium/large-group physicians are much more likely to look at Medicare and/or Medi-Cal as “required” for their business model and are, therefore, not likely to eliminate Medicare or Medi-Cal as a payer.

A. For medium/large-group physicians:

1. Medium/large-group practices have a high penetration by Medicare and Medi-Cal and do not intend to change even in the face of a reduction in rates.
2. 87% took Medicare three years ago, and 87% report taking Medicare today.
3. 78% took Medi-Cal three years ago, and 74% report taking Medi-Cal today.

B. For solo/small-group physicians:

1. There has been a clear exodus from Medi-Cal and Medicare for the solo/small-group physician, and, within the solo/small-group sector, that trend is exacerbated for specialists.
2. 92% took Medicare three years ago, and 85% report taking Medicare today, a drop of 7%. Of note, when specialists are examined separately from primary care physicians, the withdrawal from Medicare is significantly larger: Specialist accepting Medicare went from 94% three years ago to 83%, a drop of 11%.
3. 58% took Medi-Cal three years ago, and 50% report taking Medi-Cal today, a drop of 8%. When specialists are examined separately from primary care physicians, the participation in Medi-Cal by specialists went from 55% three years ago to 45% today, a drop of 10%.

SDCMS 2005 Physician Workforce & Compensation Survey

Solo/small-group physicians report that in the face of a 5% cut in Medicare rates, only 42% would continue to take Medicare as is.

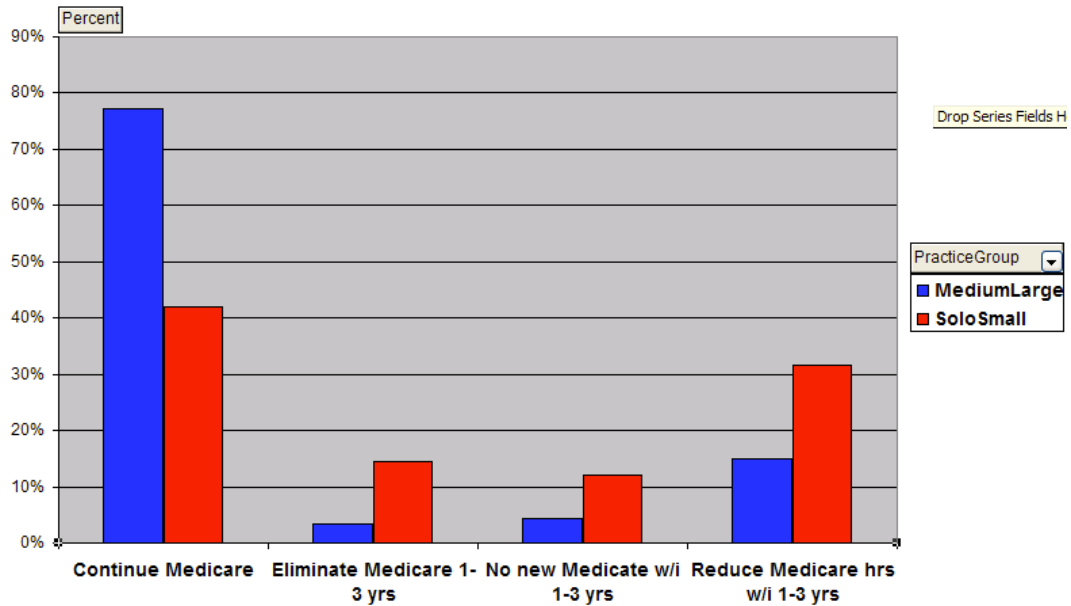


Table 11. Actions for a 5% cut in Medicare Sorted by Group Size

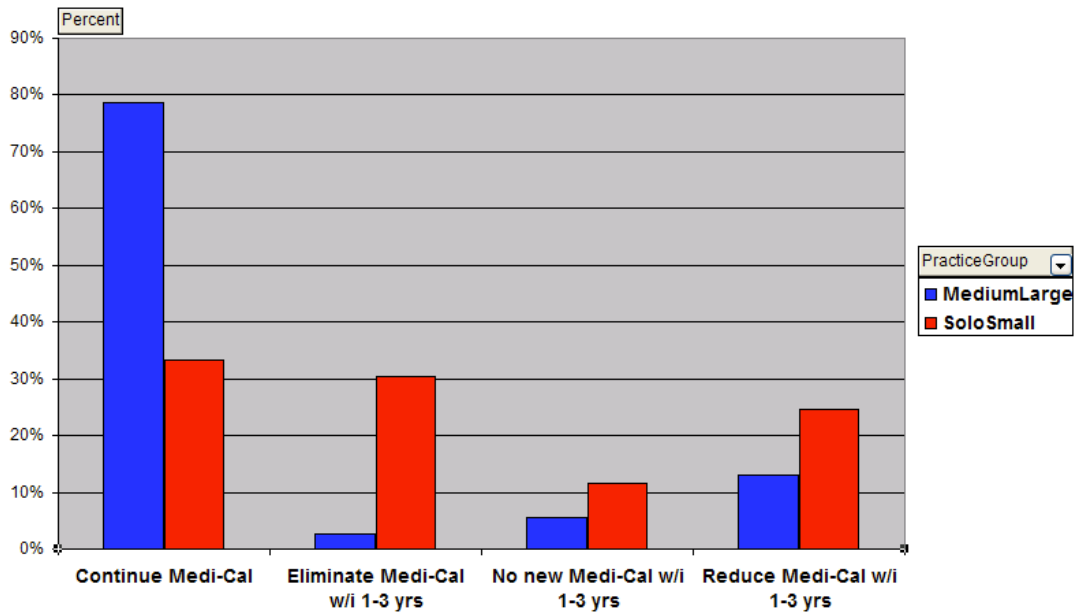


Table 12. Actions for a 5% cut in Medi-Cal Sorted by Group Size

Solo/small-group physicians report that in the face of a 5% cut in Medi-Cal rates, only 33% would continue to take Medi-Cal as is.

SDCMS 2005 Physician Workforce & Compensation Survey

XV. Physician Compensation

Solo/small-group physicians are underpaid *vis a vis* medium/large-group physicians.



Table 13. Physician Compensation, Analyzed by Practice Size

The gender gap is still clear: Female physicians make less than their male counterparts:

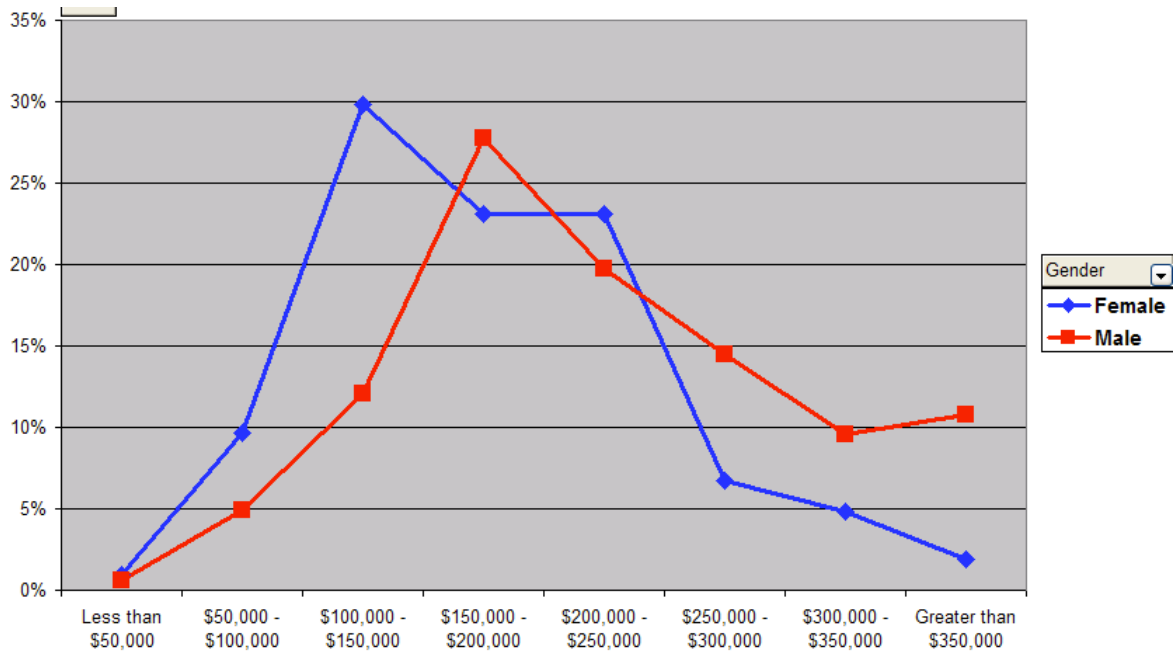


Table 14. Physician Compensation, Analyzed by Gender

SDCMS 2005 Physician Workforce & Compensation Survey

Not surprisingly, primary care physicians are making less than specialists:

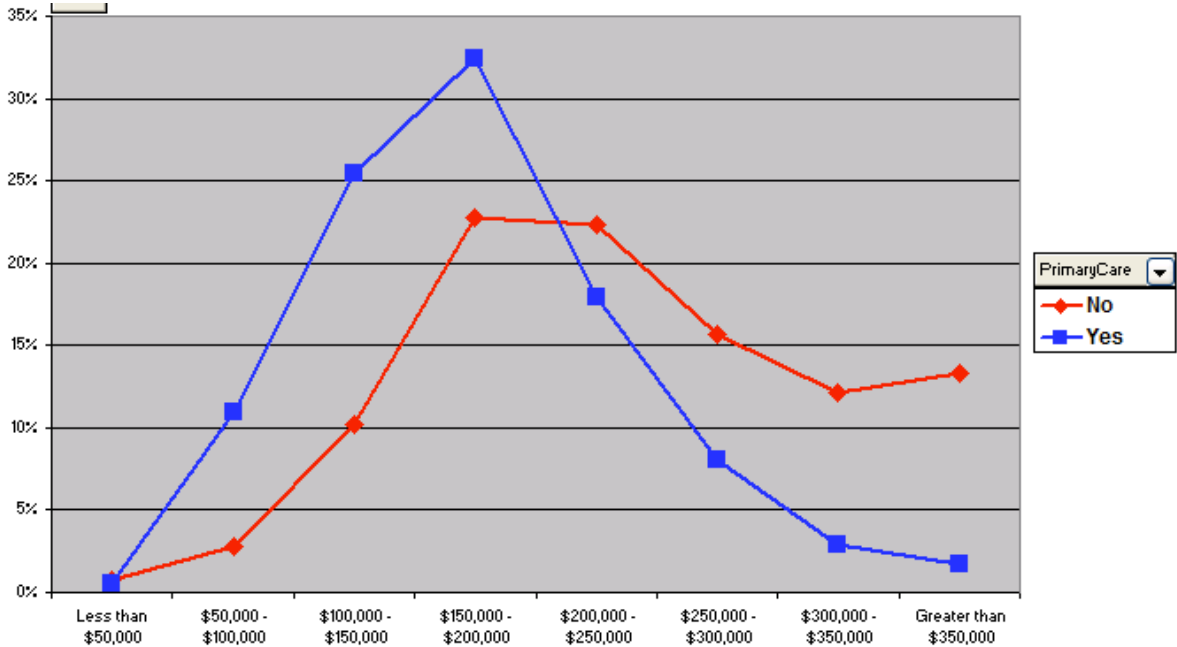


Table 15. Physician compensation, analyzed by primary care/specialist

There are some clear differences in the income distributions when analyzed for geography — in the aggregate, Hillcrest and South Bay physicians are making less than their peers.

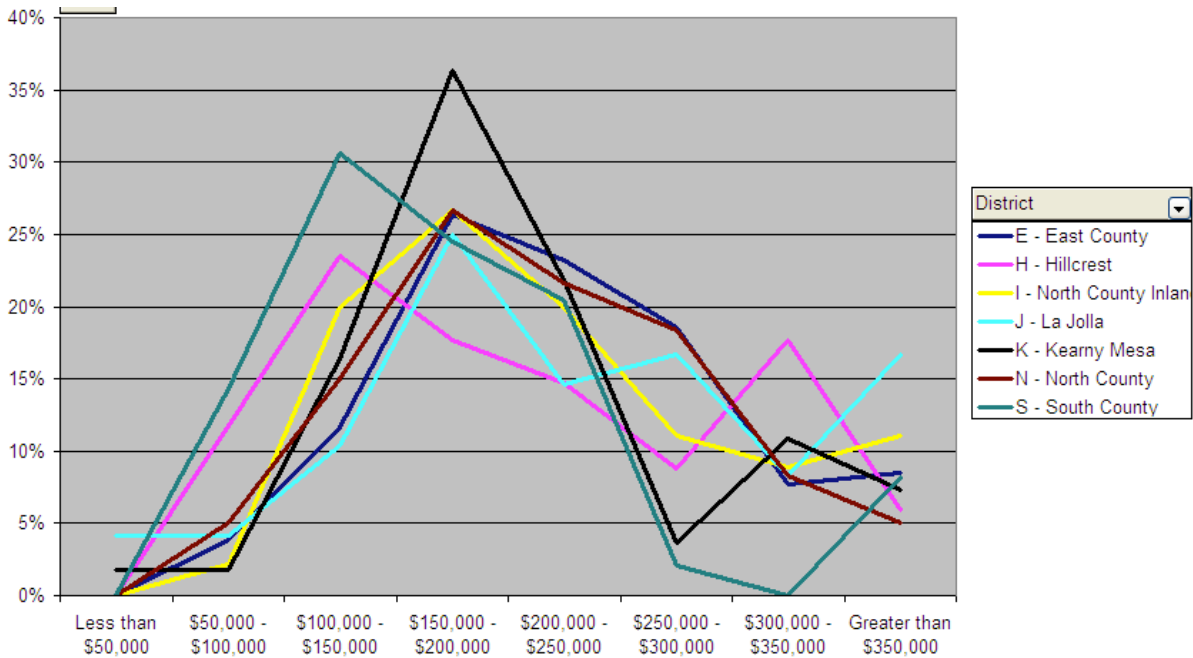


Table 16. Physician compensation, analyzed by geography

SDCMS 2005 Physician Workforce & Compensation Survey

When the data is broken out by solo/small-group physicians versus medium/large-group physicians, an interesting trend emerges. Here the chart for solo/small-group physicians:

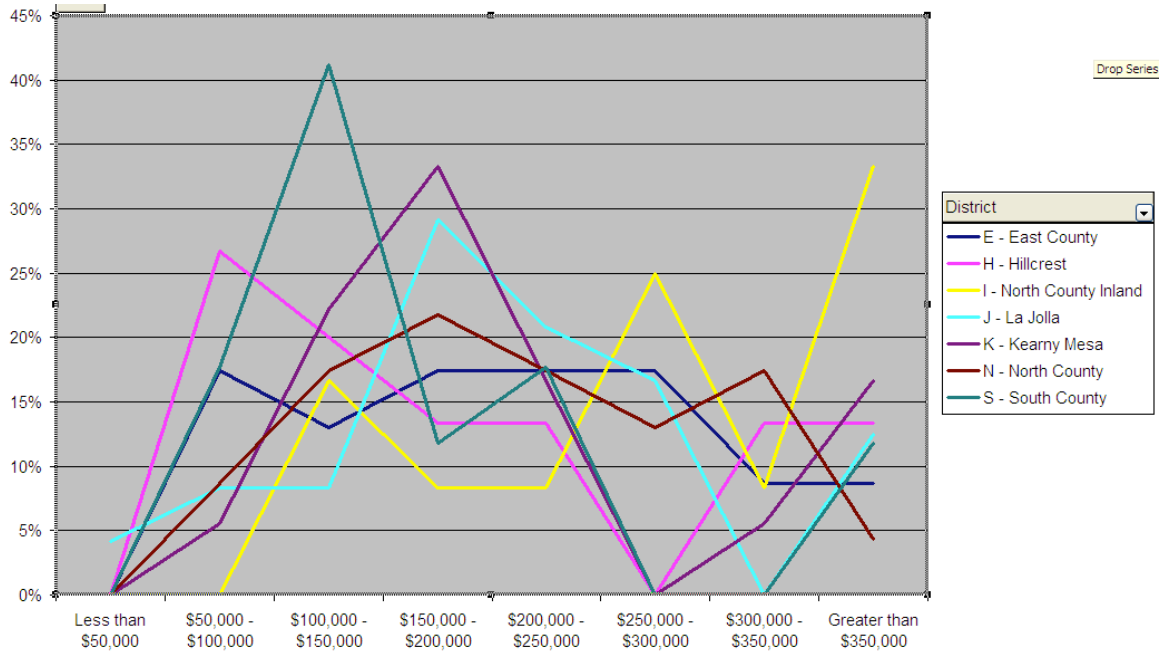


Table 17. Solo/small-group Physician Compensation, Analyzed by Geography

Here is the chart for medium/large-group physicians:

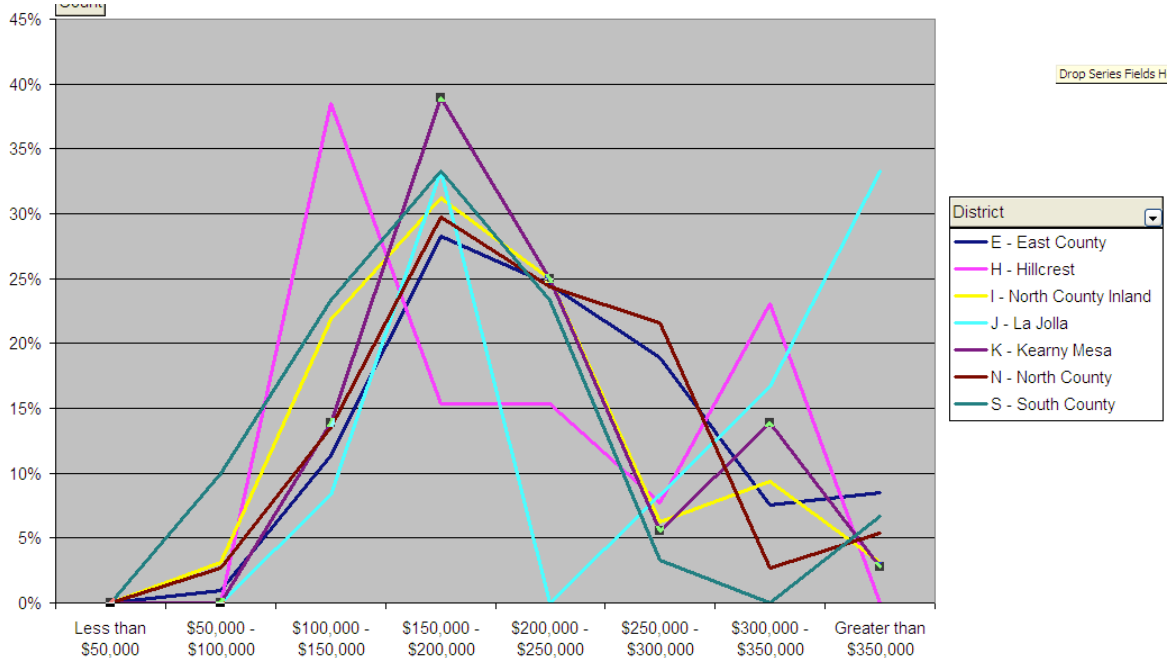


Table 18. Medium/large-group Physician Compensation, Analyzed by Geography

The conclusion is that solo/small-group physicians in Hillcrest and South Bay are underpaid *vis a vis* their geographic peers. Also, one can see a not-unexpected bifurcation in some geographic areas — a hump around \$150K, and another hump at \$300K.

SDCMS 2005 Physician Workforce & Compensation Survey

XVI. Compensation Trends

Physicians were asked whether their compensation went up, stayed the same, or went down relative to their compensation three years ago. The general compensation trend is positive.

The female physician compensation trend is slightly more than the male physician compensation trend.

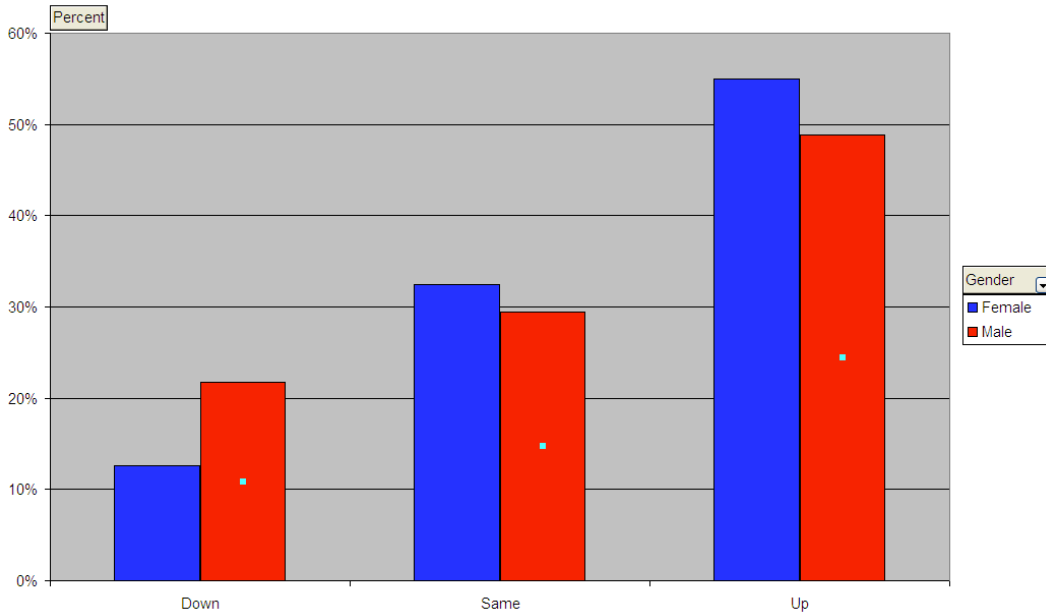


Table 19. Physician Compensation Relative to Three Years Ago, Analyzed by Gender

The compensation of primary care physicians has increased, while, relative to three years ago, the compensation trend of specialists has not been as positive as that of primary care physicians.

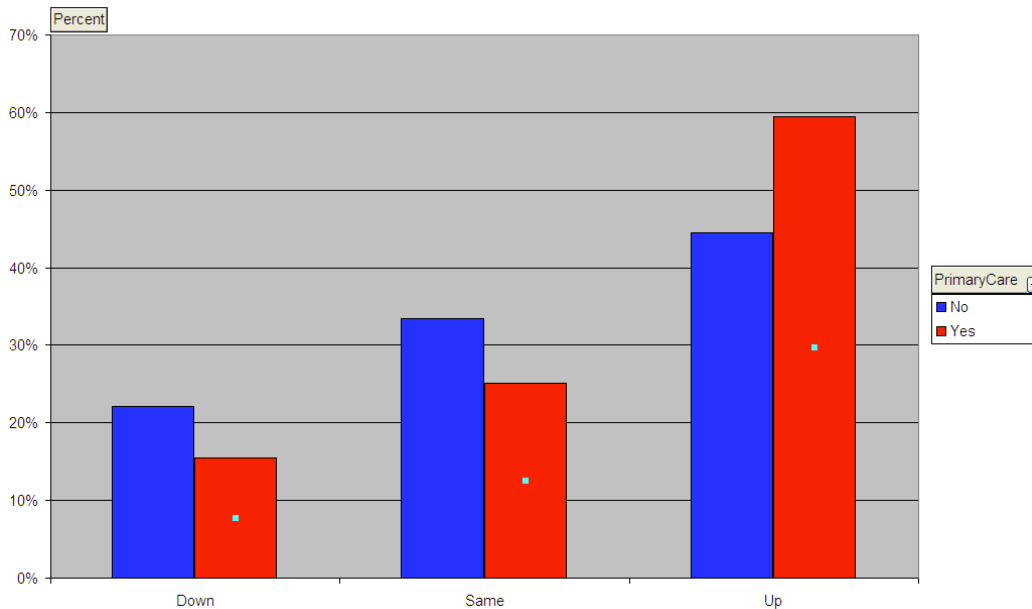


Table 20. Physician Compensation Relative to Three Years Ago, Analyzed by Specialist/Primary Care

SDCMS 2005 Physician Workforce & Compensation Survey

When analyzed for years in practice, the trends are not surprising: Younger physicians see their compensation increasing, while older physicians do not.

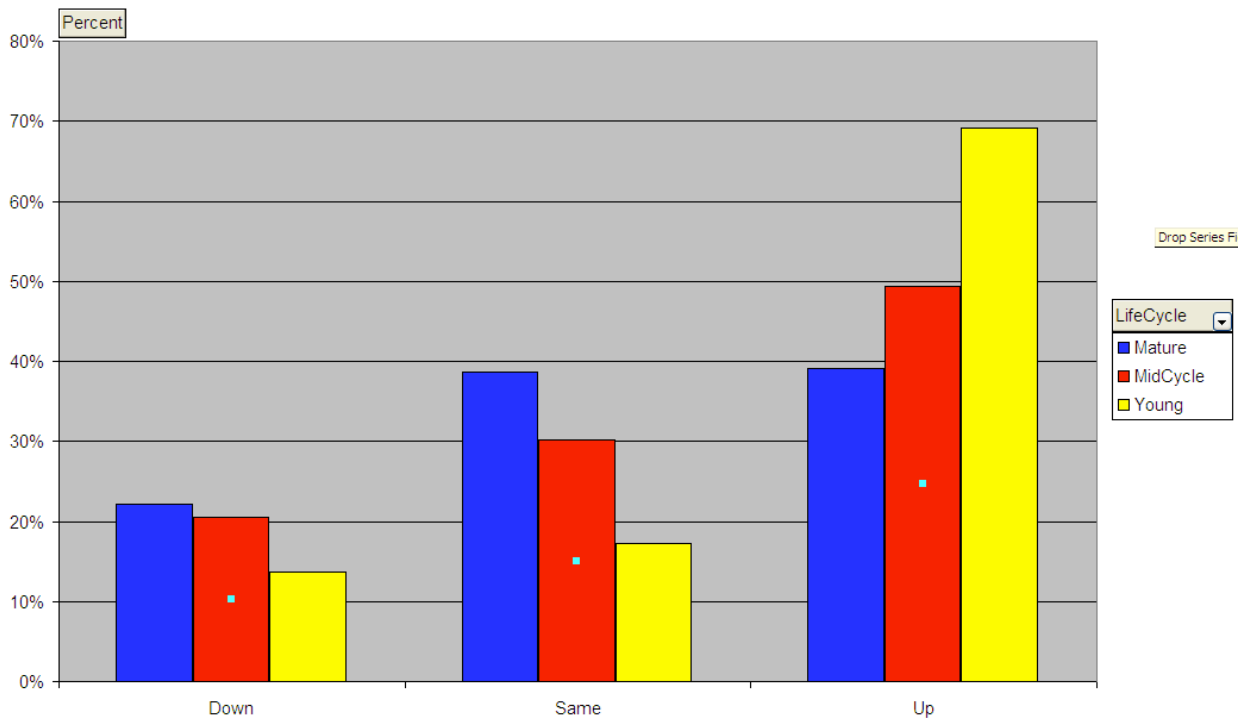


Table 21. Physician Compensation Relative to Three Years Ago, Analyzed by Time in Practice