

DEVELOPING THE NEXT GENERATION OF PHYSICIAN EXECUTIVES

PHYSICIAN LEADERSHIP DEVELOPMENT SURVEY RESULTS | OCTOBER 2024

JACKSON
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Introduction



Patients look to physicians for their natural qualities as leaders in the exam room, and that influence can — and should — extend far beyond patient care.

As healthcare faces increasing complexity and rapid technological advancement, the role of physicians growing into organizational leaders is often seen as a vital step to ensure clinical expertise is helping to guide hospitals, health systems and medical groups through operational changes and strategic shifts.

While medical training emphasizes clinical expertise, leadership development often remains secondary. In this evolving era, physicians must be equipped with leadership skills to play a unique role in bridging care standards and administrative priorities, giving their dyad partners in the C-suite a dynamic partner.

Investing in physician leadership is also crucial for preparing the next generation of healthcare executives. As current senior leaders retire, developing physicians as future leaders will fill this gap, ensuring the healthcare system continues to advance, providing high-quality, cost-effective care in an ever-changing environment.

Jackson Physician Search (JPS) and Medical Group Management Association (MGMA) partnered in August 2024 to study this topic and bring forth findings around:

- **Physician interest and motivations for pursuing leadership roles**
- **Organizational priorities and sentiment on the benefits of physician leadership**
- **The challenges and methods of identifying and recruiting physician leaders**
- **Opportunities for leadership training through a physician's career**
- **Organizational standards to qualify for leadership roles**

Online surveys, which took six minutes on average to complete, returned 324 applicable responses from physicians and administrators. Follow-up interviews and questionnaires rounded out the findings presented in this report.

PHYSICIAN INTEREST IN LEADERSHIP

In the days when private practices were the predominant ownership structure in American healthcare, the concept of a “physician executive” didn’t necessarily exist. In a small group, leadership typically was held by one or more senior partners, with years of experience and time spent in the community largely dictating who would run things.

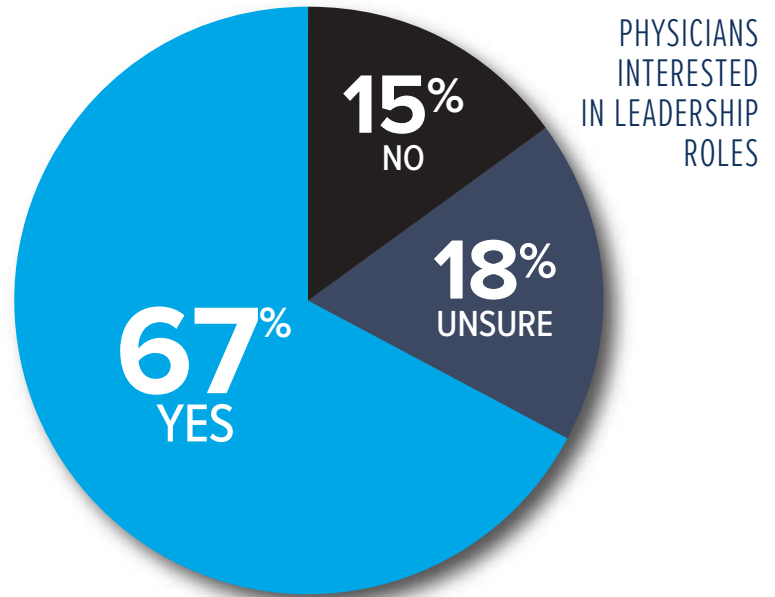
As the healthcare industry has evolved toward system/hospital ownership of more practices and a shift to more employed physicians, the leadership infrastructure has similarly changed to allow specialization in the management and executive decision-making within these organizations.

Many physicians are motivated to step beyond their clinical duties and embrace leadership roles because they recognize that meaningful change often starts from within. Experiencing firsthand the challenges and inefficiencies in healthcare delivery, they are driven by a desire to improve patient outcomes on a larger scale.

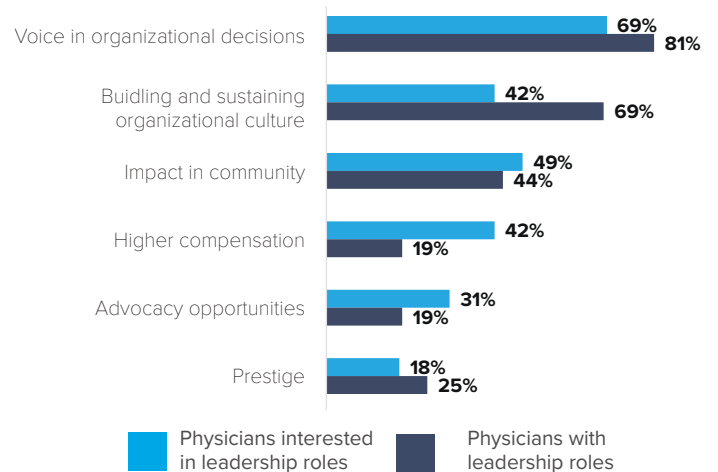
By taking on leadership positions, they can influence policies, advocate for necessary resources, and implement innovative practices that benefit patients and medical staff. This pursuit allows them to not only heal individuals but also to shape the future of healthcare, ensuring that the system evolves to meet the growing needs of the community.

This sentiment is reflected in new JPS-MGMA survey data in which **most practicing physicians without leadership roles (67%) are interested in pursuing one**, particularly in departmental leadership or advocacy positions. Only 15% expressed no interest in leadership roles.

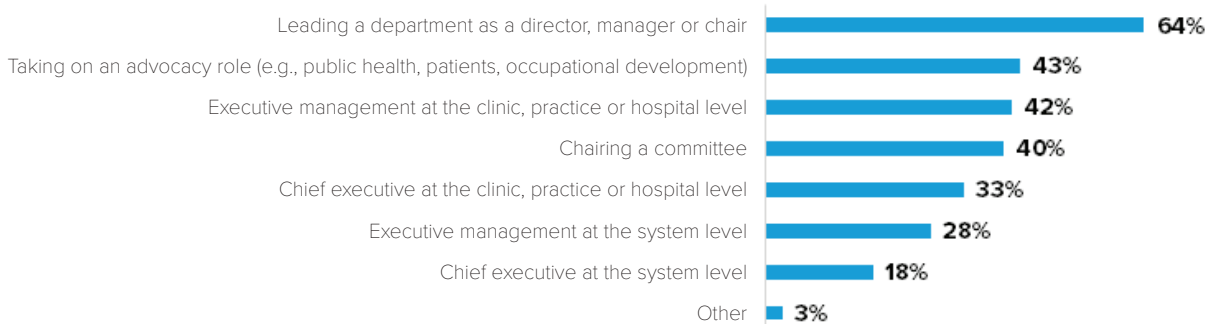
Both current physician leaders and prospective ones report they are **primarily driven by the desire to have a voice in organizational decisions, build and sustain culture, and have an impact in the community.**



MOTIVATIONS TO PURSUE LEADERSHIP AMONG PROSPECTIVE AND CURRENT PHYSICIAN LEADERS



LEADERSHIP ROLES OF INTEREST AMONG PHYSICIANS





PERCEPTIONS OF PHYSICIAN LEADERSHIP

Nearly six in 10 healthcare leaders surveyed somewhat or strongly agree that their organizations make it a priority to place physicians in executive-level roles, including chief executive officer. The presence of a physician executive in key C-suite roles is largely viewed as having a positive impact on key organizational priorities.

IN MY ORGANIZATION, IT IS A PRIORITY TO...

Place physicians in executive-level roles (e.g. chief executive officer, chief medical officer)



Place physicians in clinical leadership roles (e.g., department chair, head of a clinical unit)



■ Strongly disagree ■ Somewhat disagree ■ Neither agree nor disagree ■ Somewhat agree ■ Strongly agree

HAVING PHYSICIAN LEADERSHIP IN EXECUTIVE ROLES HAS A POSITIVE IMPACT ON...*

Quality care initiatives



Physician recruitment



Organizational culture and physician satisfaction



Addressing burnout and turnover



Diversity, equity and inclusion (DEI) initiatives



* Some figures do not add up to 100% due to rounding.

■ Strongly disagree ■ Somewhat disagree ■ Neither agree nor disagree ■ Somewhat agree ■ Strongly agree

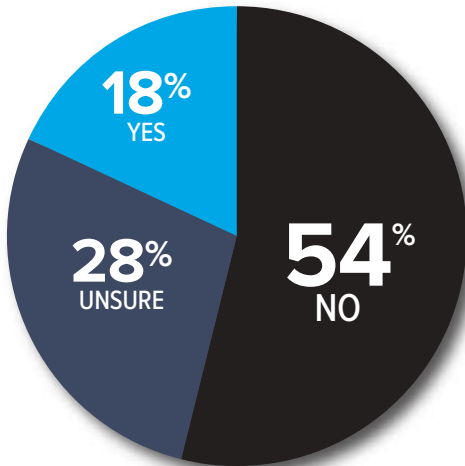
PHYSICIAN LEADERSHIP DEVELOPMENT EFFORTS

LEADERSHIP TRAINING GAPS

Medical school curricula are traditionally designed to focus intensely on the scientific and clinical aspects of medicine. The rigorous schedule is packed with foundational sciences, clinical rotations, and essential patient care skills deemed necessary for competent physicians, leaving little room for business or leadership training.

Administrative, leadership and business management topics are often considered peripheral and are not integrated into the core training. **Only 18% of physicians surveyed noted the option to receive executive, business or administrative training while in medical school.**

FORMAL EXECUTIVE, BUSINESS OR ADMINISTRATIVE TRAINING OPTION FOR PHYSICIANS IN MEDICAL SCHOOL?



This lack of formal training in the administrative side of healthcare means that physicians frequently find themselves unprepared for leadership roles after they enter practice. Given the complexity of healthcare operations, the absence of business acumen becomes a significant gap in their

Some medical schools are recognizing the need for physicians to receive broader education and appreciation for mentoring, such as the [ASCEND curriculum](#) used at the Icahn School of Medicine at Mount Sinai. The program curriculum is designed to ensure competency in teamwork, leadership, accountability, empathy, respect and more.

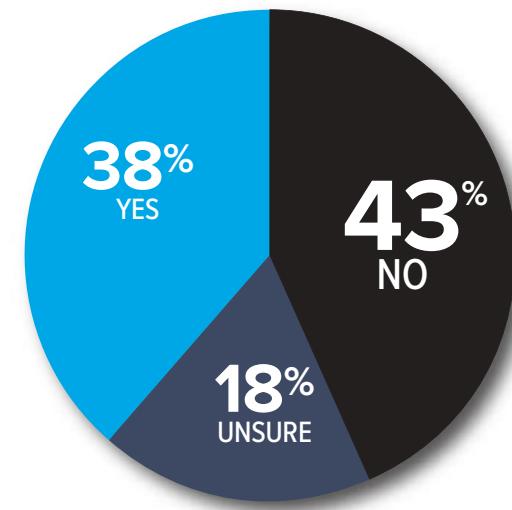
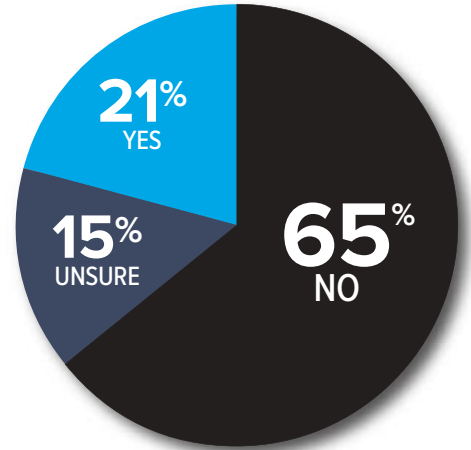
professional development. Consequently, **many physicians seek additional education and training after they have begun practicing to acquire the necessary skills to serve as leaders in their practices.**

Adding difficulty to this effort to grow professionally is the relative lack of formal leadership training for physicians within the organizations where they practice:

- **About two-thirds (65%) of respondents say they have no such formal training for physician leadership.**
- Despite the widespread belief in the benefits of physician leadership, **more than four in 10 healthcare organizations do not have a formal process to identify and select physicians for leadership roles.**

FORMAL LEADERSHIP TRAINING PROGRAM FOR PHYSICIANS IN YOUR ORGANIZATION?*

* Does not add up to 100% due to rounding.



FORMAL PROCESS WITHIN YOUR ORGANIZATION FOR IDENTIFYING AND SELECTING PHYSICIANS FOR LEADERSHIP ROLES?*

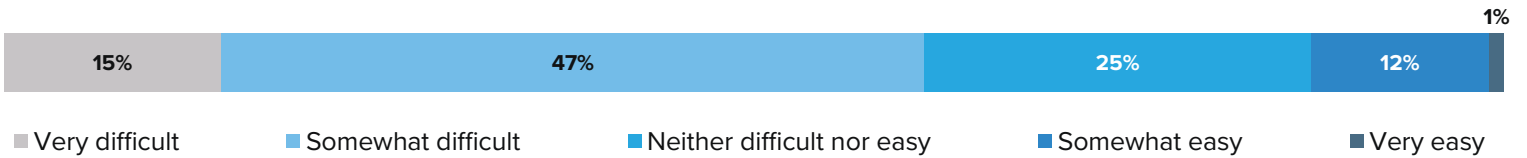
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PHYSICIAN LEADERSHIP DEVELOPMENT EFFORTS

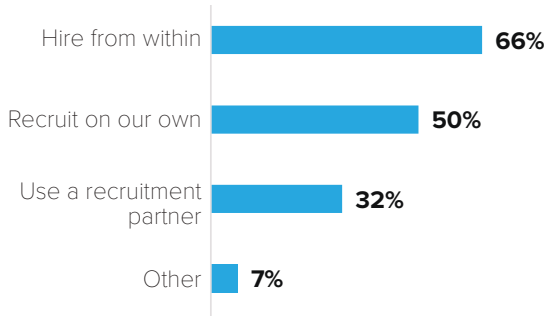
RECRUITMENT CHALLENGES

Finding qualified physicians for leadership roles has proven difficult for many organizations, as more than 60% of survey respondents noted it was somewhat or very difficult to find candidates, while only 13% rated it somewhat or very easy.

DIFFICULTY OF FINDING QUALIFIED PHYSICIANS FOR LEADERSHIP ROLES



METHOD(S) TO RECRUIT PHYSICIAN LEADERS



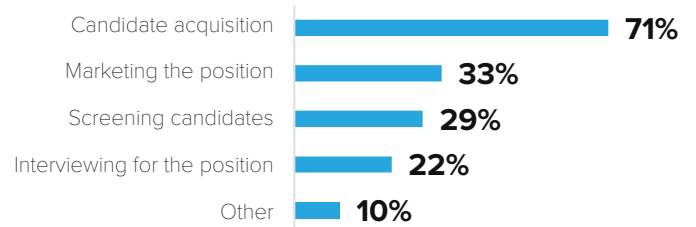
How medical groups and health systems source their physician leaders also matters. Among surveyed physicians and administrators, two-thirds (66%) say they typically hire from within, placing even more importance on having an internal strategy to develop leaders and formally identify candidates for leadership roles.

- Half (50%) opt to do their own recruitment.
- About one-third (32%) use a recruitment partner.

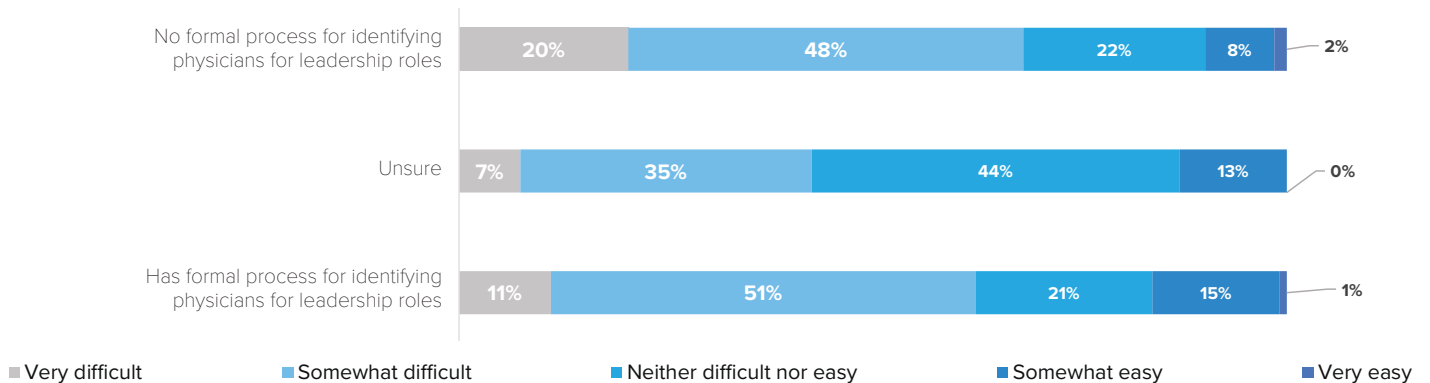
The solo approach to recruiting physician leaders may be limiting many organizations, as candidate acquisition is ranked as the top challenge for practices when recruiting, well ahead of marketing a position, screening candidates or conducting interviews.

Unfortunately, simply having a formal process for identifying and selecting internal candidates for physician leadership typically has limited effect on respondents' ability to find qualified candidates.

CHALLENGES WHEN RECRUITING PHYSICIAN LEADERS



DIFFICULTY OF FINDING PHYSICIANS WHO ARE QUALIFIED AND WILLING TO TAKE ON LEADERSHIP ROLES BY WHETHER ORGANIZATION HAS A FORMAL PROCESS FOR IDENTIFYING PHYSICIAN LEADERS*



* Some figures do not add up to 100% due to rounding.

PHYSICIAN LEADERSHIP DEVELOPMENT EFFORTS

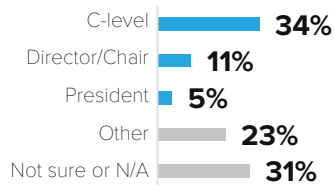


REQUIREMENTS FOR PHYSICIAN LEADERS

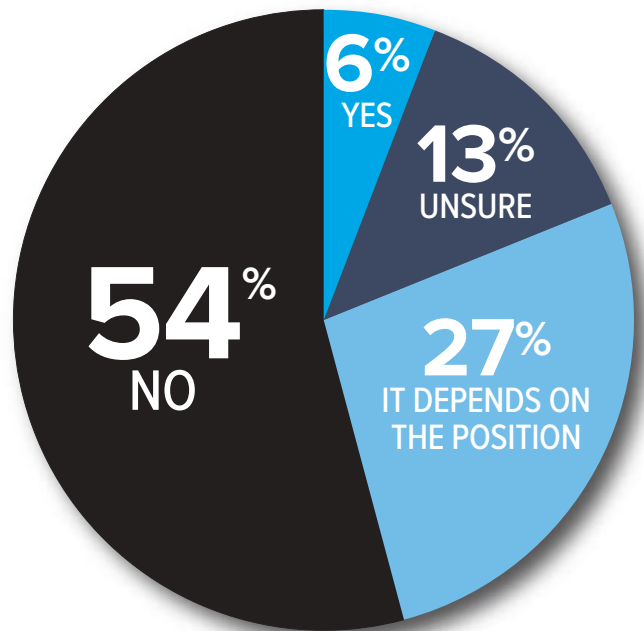
As healthcare organizations look to find the next generation of physician leaders, there may be opportunities to align leadership recruitment efforts with clearer expectations for candidates to obtain the types of education that prove most beneficial to successfully leading a health system, medical group or hospital, considering:

- More than half of surveyed respondents noted there is no leadership training requirement for physician leader candidates.
- Only about one-third of respondents reported that their organizations had a requirement for advanced degrees or certifications beyond an MD or DO for C-level job consideration.

WHICH LEADERSHIP POSITIONS REQUIRE AN ADVANCED DEGREE OR CERTIFICATION BEYOND MD/DO?



DOES YOUR ORGANIZATION REQUIRE PHYSICIANS INTERESTED IN LEADERSHIP POSITIONS TO OBTAIN AN ADVANCED DEGREE OR CERTIFICATION IN ADDITION TO AN MD/DO?

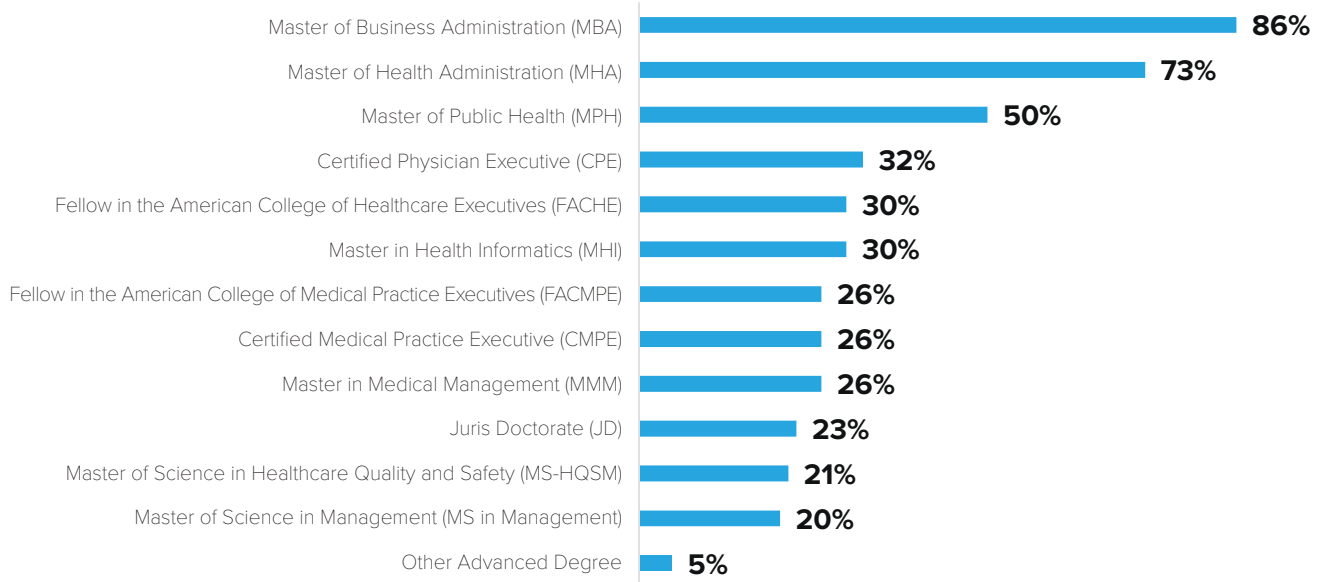


At the same time, there is no uniform approach as to what to require in terms of leadership training, advanced degrees or certifications for physician leader candidates.

PHYSICIAN LEADERSHIP DEVELOPMENT EFFORTS

REQUIREMENTS FOR PHYSICIAN LEADERS *(continued)*

ADVANCED DEGREES OR CERTIFICATIONS NEEDED TO QUALIFY FOR LEADERSHIP ROLES



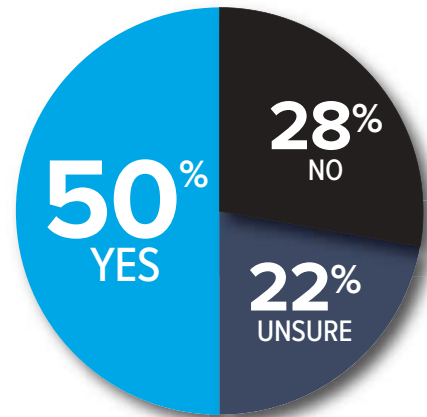
Among organizations that do require degrees or certifications beyond an MD or DO to qualify for a leadership role, **the most common requirements are not always specifically tailored to the needs of a physician executive:**

- Postgraduate degrees in business administration (MBA – 86%), health administration (MHA – 73%) and public health (MPH – 50%) were the top three requirements.
- The Certified Physician Executive (CPE) credential was cited as being required by 32% of respondents.
- Other leading credentials in healthcare executive education were noted as a requirement by less than one-third of respondents.
- The growing focus on quality care is reflected in a master of science in healthcare quality and safety (MS-HQSM) noted as a requirement by about one in five (21%) respondents.

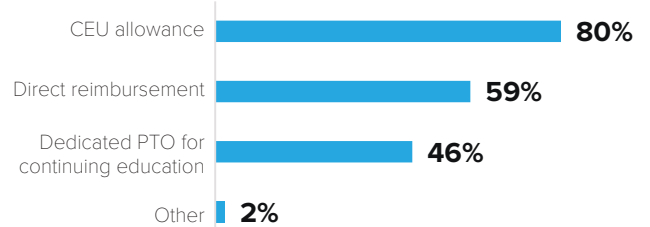
Just as developing internal programs to support aspiring physician leaders in their careers is important, so is the organizational support to seek outside leadership programs, degrees and/or certifications:

- **At least half (50%) of healthcare organizations cover a portion of the cost for physicians to seek outside leadership training, degrees and/or certifications.**
- **CEU allowances (80%) are the most common method of helping to cover these costs,** followed by direct reimbursement (59%) and dedicated paid time off (PTO) for continuing education (46%).

DOES YOUR ORGANIZATION COVER AT LEAST PART OF THE COST OF OUTSIDE LEADERSHIP PROGRAMS?



HOW DOES YOUR ORGANIZATION HELP COVER COSTS FOR THESE PROGRAMS?



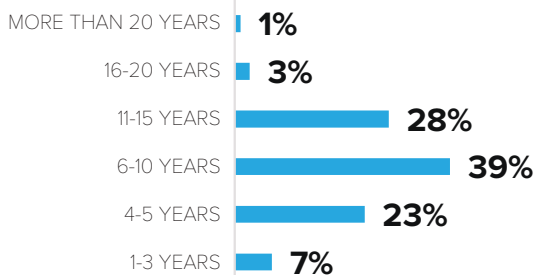
PHYSICIAN PERCEPTION OF EXPERIENCE REQUIREMENTS FOR LEADERSHIP

Just as organizational approaches to leadership development vary, so do physicians' sentiments around what makes a doctor ready to take a larger role in the organization.

- Full-time practicing physicians without leadership roles are more inclined to view a doctor as ready to be considered for a departmental or clinical leadership position within their first three years of practicing.
- Physician executives who still practice part-time are most likely to recommend four to five years of experience before a doctor shifts into a departmental or clinical leadership role.

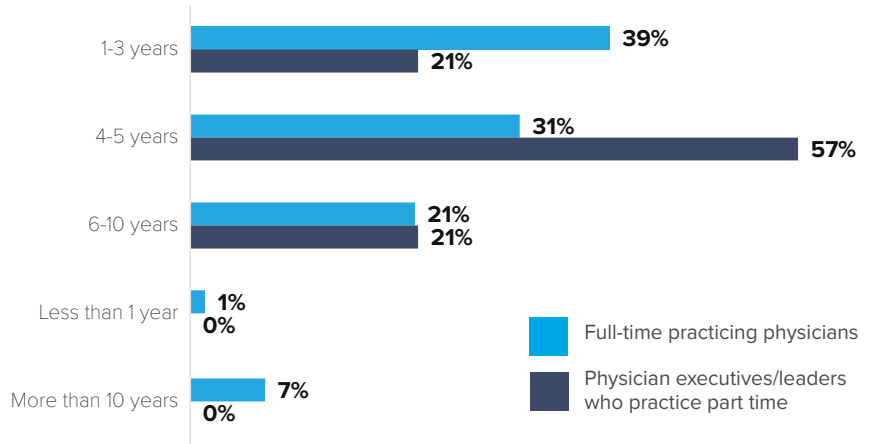
The bar is higher when it comes to perceptions of physician readiness for executive leadership roles across all administrators and executives: **More than two-thirds (67%) of respondents believe doctors should have 6-10 years (39%) or 11 to 15 years (28%) of clinical experience before being considered for executive leadership.**

YEARS OF CLINICAL EXPERIENCE A PHYSICIAN SHOULD HAVE TO BE CONSIDERED FOR AN EXECUTIVE LEADERSHIP POSITION*



* Does not add up to 100% due to rounding.

RECOMMENDED YEARS OF EXPERIENCE TO BE CONSIDERED FOR A DEPARTMENTAL/CLINICAL LEADERSHIP POSITION AMONG PRACTICING PHYSICIANS



“

I've always been people-centric and always understood the power of a highly engaged workforce. But I believe **if I could go back 10 years in time, I would tell myself to never cut the budget for leadership development.**

At the end of the day, whether you have 18,000 team members like we have in our system, or you have 1,800 or 180,000 people, it's really the leadership team, the managers, the directors, that drives your success.

— E.J. Kuiper, President and CEO of Franciscan Missionaries of Our Lady Health System (Baton Rouge, La.)

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WHAT'S WORKING TODAY

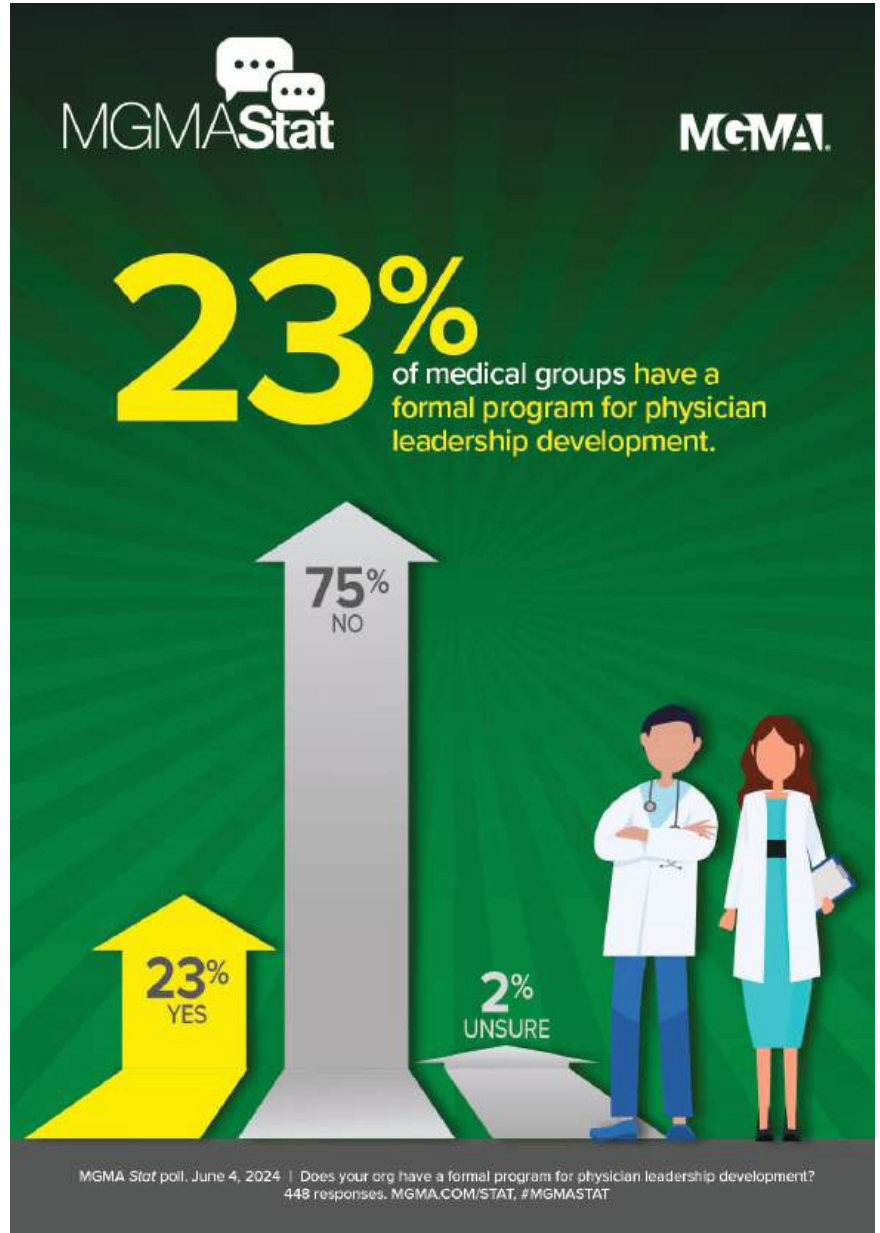
MGMA Stat polling from summer 2024 largely reflected the latter survey's findings as to the extent of physician leadership development programs being created in medical group practices: 23% of medical group leaders said their organizations have a formal physician leadership development program, while 75% do not and another 2% reported they were unsure.

The absence of formal programs does not signal that most practice leaders undervalue or lack the effort for the development of physician leaders. In fact, **most respondents who said "no" to formal programs told MGMA they have some form of informal mentorship and/or coaching for new physicians and physician leadership candidates.** One respondent told MGMA that **adding mentorship to develop future physician leaders is a key to "increase physician understanding, voice and engagement in clinical and operational" matters.**

Some medical group leaders acknowledged that established physicians are reluctant to take time away from the practice to train and encourage younger physicians, especially due to financial pressures from rising costs putting pressure on independent practices — as one practice leader told MGMA, "survivability is the only priority" for some physician-owners. In other cases, **formal efforts have not been prioritized due to the varying levels of stress and burnout experienced by physicians who would lead the initiatives.**

In limited instances, **the staffing disruption across the healthcare industry was seen as a temporary obstacle to moving ahead with leadership development efforts.** "Our CMO was mentoring current and potentially future medical directors, but we are in between people in that role, so it has ceased," one respondent told MGMA, who noted the organization's chief operating officer stepped in to help lead efforts.

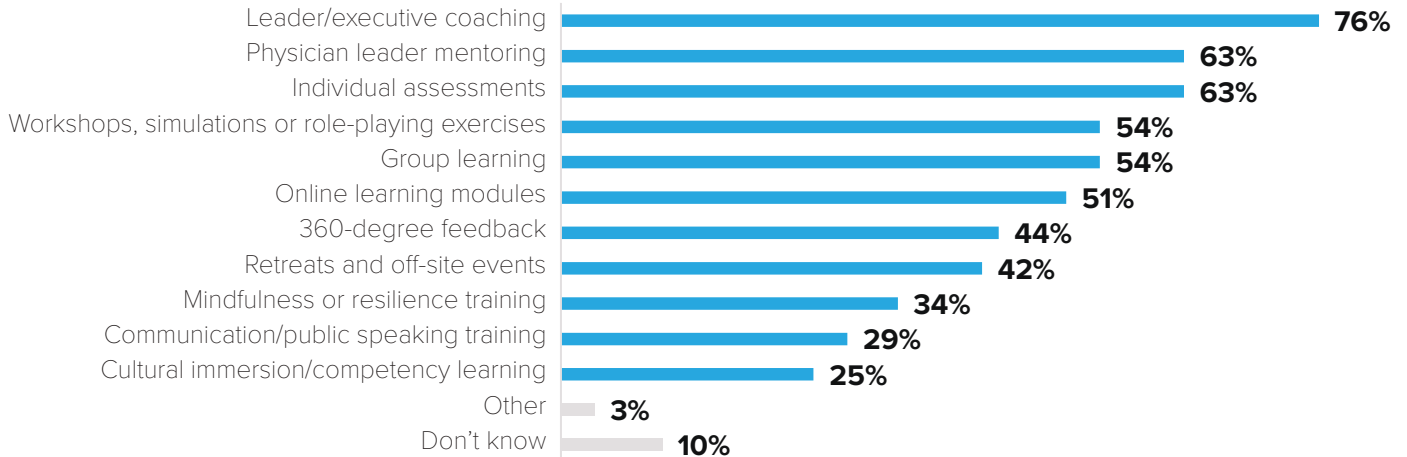
However, most respondents to this latest poll point to the availability of resources to give physicians opportunities to learn and grow, such as continuing education allowances and tuition assistance for further studies. Many medical group leaders also highlighted more informal efforts for coaching.



For more insights on a leadership development framework for chief medical officers from Jackson Physician Search's Tom Rossi, Vice President of Executive Search, and Mark Dotson, Director of Physician Executive Search, [visit mgma.com/stat-060424](https://mgma.com/stat-060424).

WHAT'S WORKING TODAY

SPECIFIC ELEMENTS IN YOUR ORGANIZATION'S PHYSICIAN LEADERSHIP DEVELOPMENT PROGRAM



Among organizations with leadership development programs, the most common features of them are:

- **Leader/executive coaching (76%):** Provides personalized guidance to enhance leadership skills and address individual challenges in a confidential setting.
- **Physician leader mentoring (63%):** Offers experienced insights and support from seasoned professionals to foster career growth and development.
- **Individual assessments (63%):** Helps identify personal strengths and areas for improvement to tailor a focused development plan.
- **Workshops, simulations or role-playing exercises (54%):** Allows hands-on practice of leadership scenarios to build competence and confidence in decision-making, often by simulating real-world challenges and interactions.
- **Group learning (54%):** Encourages collaboration and knowledge sharing among peers to broaden perspectives and strategies.
- **Online learning modules (51%):** Provides flexible, accessible training that fits into busy schedules for continuous learning.
- **360-degree feedback (44%):** Offers comprehensive insights from colleagues and staff to improve self-awareness and performance.
- **Retreats and off-site events (42%):** Creates dedicated time and space to focus intensively on leadership skills away from daily distractions.
- **Mindfulness/resilience training (34%):** Equips physicians with techniques to manage stress and maintain well-being in high-pressure environments.
- **Communication/public speaking training (29%):** Improves ability to convey ideas effectively and inspire teams through enhanced speaking skills.
- **Cultural immersion/competency learning (25%):** Builds capacity to work effectively in diverse environments by increasing cultural awareness and sensitivity.

LEARN MORE | For an in-depth look at the value of physician leadership development programs (PLDPs), download the “Profiles in Success” whitepaper from the American Association for Physician Leadership and Jackson Physician Search: <https://bit.ly/3ZNj3Dt>.

WHAT'S WORKING TODAY

INDUSTRY VOICES ON THE IMPORTANCE OF PHYSICIAN LEADERSHIP

A wide array of healthcare organizations and individual physicians have recognized the value of physician leadership development programs (PLDPs), with investments in them growing to meet evolving demands.¹

As noted by Peter B. Angood, MD, FRCS(C), FACS, MCCM, FAAPL(Hon), president and CEO of the American Association for Physician Leadership, this is driven by the recognition of the importance of physician leaders.

“There is a clear and positive shift occurring in the industry with the recognition that physicians in leadership roles, even as the CEO in delivery systems, provide improved outcomes across a variety of metrics (quality, safety, efficiency, value),” Angood said. “Simply stated, physicians as leaders help organizations provide better patient care and provide improved workforce engagement.”

While this report’s findings focus largely on the components of existing PLDPs primarily in medical groups and health systems for physicians who have established their careers beyond residency or fellowship, there are broader methods of offering education and training to these clinicians in other settings, though Angood cautioned it ought not detract from foundational medical education.

“Leadership is more than simply providing didactic exposure to educational content. The pressure on medical school curricula is already intense and so the capability of providing students and residents with leadership training is complicated,” Angood said. “The optimal timing for exposure to leadership training is debatable and should likely have an escalated approach for physicians, not unlike the approaches for residency training programs, but it should then optimally also be carried over into the early stages of physicians’ careers.”

Careful evaluation of what belongs in a PLDP over time is essential to ensure these investments

“

There is a clear and positive shift occurring in the industry with the recognition that **physicians in leadership roles, even as the CEO in delivery systems, provide improved outcomes across a variety of metrics (quality, safety, efficiency, value)**. Simply stated, physicians as leaders help organizations provide better patient care and provide improved workforce engagement that drives your success. ”

— **Dr. Peter B. Angood, President and CEO, American Association for Physician Leadership**

remain relevant and provide return on investment to physicians and the organizations that support these efforts.

“The American Association for Physician Leadership has a 50-year history and has been the lead organization in this regard for some time. **There are, however, several evolving leadership development program strategies that have come to light in the past decade or so; including those from universities as well as high-performing clinical delivery systems,” Angood said.**

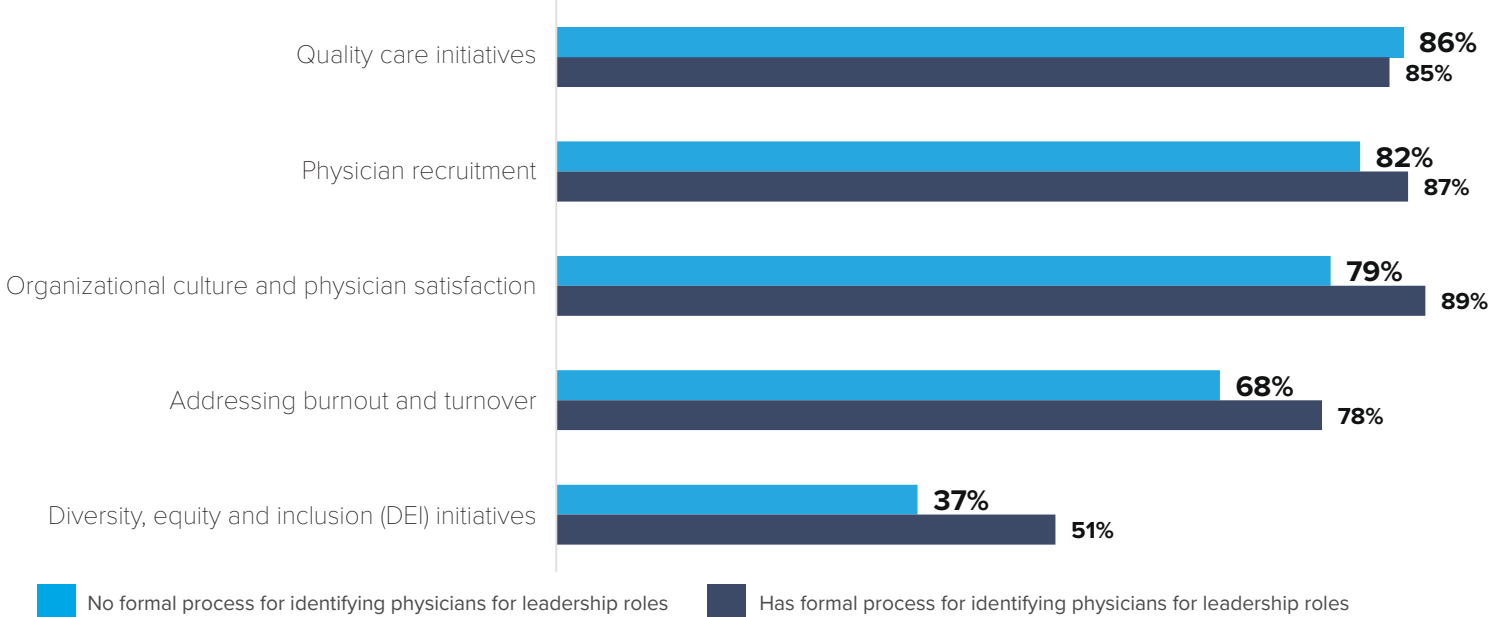
“These are often strong and provide adequate contributions but individual physicians (and the organizations providing programs) should be cognizant the field of leadership development is a rapidly changing industry well beyond healthcare.”

“Deciding on how best to approach leadership development programs can be tricky and should be done with high levels of research and inputs from seasoned alumni of these programs,” Angood added. “AAPL remains in the lead in this regard as a leading-edge leadership development entity.”

1. Burn E, Waring J. “The Evaluation of Health Care Leadership Development Programs: A Scoping Review of Reviews.” *Leadership in Health Services*. 2023;36(3):315-334. <https://doi.org/10.1108/LHS-05-2022-0056>.

WHAT'S WORKING TODAY

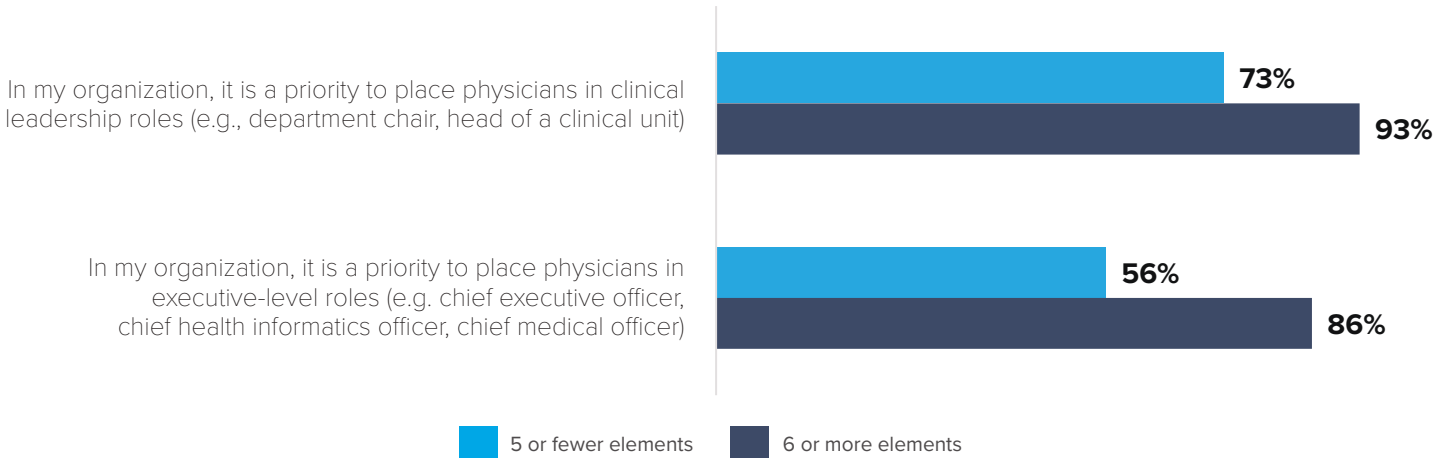
POSITIVE PERCEPTION OF PHYSICIAN LEADERSHIP'S IMPACTS BY WHETHER AN ORGANIZATION HAS A FORMAL PROCESS FOR IDENTIFYING AND SELECTING PHYSICIAN LEADER CANDIDATES



The integration of a formal process to identify and select physicians for leadership roles also has a correlation to higher perceptions of a physician leader's impact on key organizational priorities, such as recruitment, addressing burnout, DEI initiatives and overall culture and physician satisfaction.

Survey findings also point to organizations with more elements of a physician leadership development program are more likely to agree that placing physicians in clinical and executive-level leadership roles is a priority.

PERCEPTION OF PRIORITIZING PHYSICIAN LEADERSHIP IN THE ORGANIZATION BY NUMBER OF ELEMENTS IN THE ORGANIZATION'S PHYSICIAN LEADERSHIP PROGRAM



As a record number of physicians near retirement age, among those retiring are physician executives. Now is the time to prepare for these departures by developing a new generation of physician leaders.



Healthcare administrators assigned an average importance of 7.5 out of 10 to succession planning in a 2021 JPS-MGMA survey.



A 2022 MGMA *Stat* poll found just 35% of medical groups have a succession plan for leadership positions.



TAKEAWAY: Reduce the impact of physician executive retirements by implementing a succession plan with leadership development tracks for physicians.



Our 2023 whitepaper on early-career physician recruitment reveals that career track and advancement opportunities heavily influence retention among new physicians.

However, according to a 2024 MGMA *Stat* poll, only 23% of medical groups have a formal program for physician leadership development.



TAKEAWAY: Intentional skill-building can lift early- and mid-career physicians with leadership potential into executive roles that create organizational stability and promote retention.



The following traits are strong indicators that a physician has interest and aptitude for an executive role:

- ✓ Clinical Excellence
- ✓ Professionalism
- ✓ Adaptability
- ✓ Credibility
- ✓ Curiosity
- ✓ Strong Communication Skills
- ✓ Active Listener
- ✓ Emotional Intelligence
- ✓ Team Player
- ✓ Leading by Example



- Academic Path:**
- MBA Programs
 - MHA Programs
 - MMM Programs

- Mentorship:**
- Encourage physicians to seek out mentors
 - Establish a mentorship program

- Certifications/Credentials:**
- AAPL CMO Academy and CPE Program
 - ACMPE Board Certification and Fellowship

- Leadership and Development Programs:**
- Create a program with rotations through Finance and HR roles



Physician executives were physicians first. After more than 10,000 physician placements, Jackson Physician Search understands the physician culture and why they choose to pursue leadership. Jackson Physician Search has spent decades building a network of physician leaders nationwide and can quickly identify physicians suited to grow into executive roles.

If your organization is recruiting a physician executive, contact VP of Executive Search Tom Rossi at tom.rossi@jacksonphysiciansearch.com.

CONCLUSION

Lengthy physician recruitment timelines can significantly hinder practices that are unprepared or lack recruitment support. But no matter how long it takes to find that highly qualified clinician, the journey a physician takes in developing as a leader is much longer, and should begin in training and be supported through early-career work. This approach prepares them to assume an active role among the ranks of medical group, health system and hospital decision-makers.

Recognizing this necessity, many healthcare organizations have crafted effective leadership frameworks that yield tangible results and shape the next generation of physician executives. As healthcare leaders, it is essential to evaluate and adapt these programs to meet your organization's unique needs. This ensures you have the right talent to confidently navigate the future.

Identifying potential physician leaders is a critical first step. Equally important is empowering these individuals to advance their leadership training and education, sustaining their growth and strengthening your leadership pipeline. Over time, these efforts become embedded in your organization's culture, linking today's expertise with tomorrow's innovations.

By investing in the continuous development of physician executives, you not only fortify your organization but also contribute to the advancement of the entire healthcare system. Now is the time to cultivate the leaders who will drive excellence and innovation in the years to come.

Jackson Physician Search is an established industry leader in physician recruitment and pioneered the recruitment methodologies standard in the industry today. The firm specializes in the permanent recruitment of physicians, physician executives and advanced practice providers for hospitals, health systems, academic medical centers and medical groups across the United States. Headquartered in Alpharetta, Ga., the company is recognized for its track record of results built on client trust and transparency of processes and fees. Jackson Physician Search is part of the Jackson Healthcare® family of companies. **For more information, visit www.jacksonphysiciansearch.com.**

Founded in 1926, the Medical Group Management Association (MGMA) is the nation's largest association focused on the business of medical practice management. MGMA consists of 15,000 group medical practices ranging from small, private medical practices to large national health systems, representing more than 350,000 physicians. MGMA helps nearly 60,000 medical practice leaders and the healthcare community solve the business challenges of running practices so that they can focus on providing outstanding patient care. Specifically, MGMA helps its members innovate and improve profitability and financial sustainability, and it provides the gold standard on industry benchmarks such as physician compensation. The association also advocates extensively on its members' behalf on national regulatory and policy issues. **mgma.com.**

RESPONDENT PROFILE

Among leaders, 25% had prior training as a physician.

Job Title	
Physician	30%
Practice Admin / Manager	28%
C-Level (CEO, COO, etc.)	18%
Director	12%
Vice President	5%
President	2%
Consultant	2%
Clinical Staff	1%
Retired	1%
Other	2%
Specialty	
Family Medicine	14%
Emergency Medicine	12%
Internal Medicine	10%
Orthopedic Surgery	7%
Anesthesiology	6%
Physiatry	6%
Psychiatry	6%
Pediatrics	5%
Hematology/Oncology	5%
Pulmonary Medicine	4%
Otorhinolaryngology	3%
Other	22%

Organization Size	
1-9	5%
10-99	29%
100-149	10%
150-999	21%
1,000-9,999	18%
10,000+	14%
Unsure	4%

Organization Type	
Medical Group Practice	47%
Hospital	16%
Integrated Health System (IHS) or Integrated Delivery System (IDS)	10%
University Hospital	10%
Physician Practice Management Company (PPMC)	2%
Other	15%

Practice's Specialty	
Multispecialty with primary and specialty care	41%
Multispecialty with primary care	8%
Multispecialty with specialty care	16%
Single specialty	34%

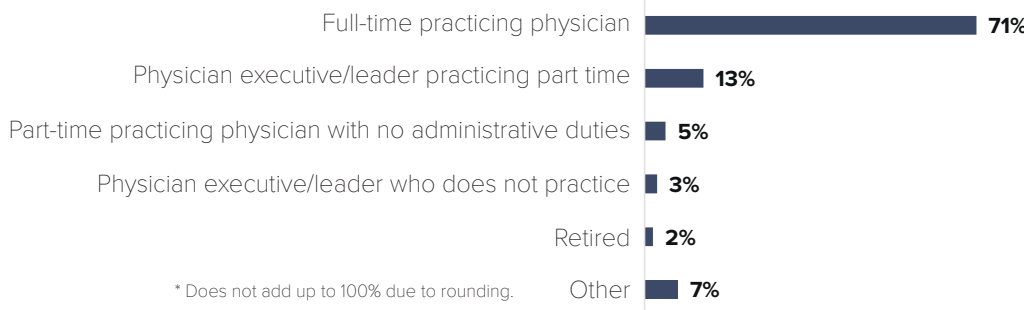
Practice's Majority Owner	
Physicians	45%
Hospital	19%
Integrated Health System (IHS) or Integrated Delivery System (IDS)	10%
University or Medical School	8%
Government	4%
Private Investor(s)	4%
Management Services Organization (MSO)	2%
Other	7%
Unsure	3%

Practice Location	
California	8%
Texas	8%
Florida	7%
New York	5%
North Carolina	5%
Pennsylvania	4%
Colorado	4%
Other states	59%
Outside of the US	1%

* Some figures do not add up to 100% due to rounding.

PHYSICIAN DEMOGRAPHICS

CURRENT ROLE IN HEALTHCARE*



* Does not add up to 100% due to rounding.

YEARS PRACTICING MEDICINE OR PROVIDING PATIENT CARE

