2023 PHYSICIAN ADVISOR SURVEY

THE MOST UP-TO-DATE PICTURE OF PHYSICIAN ADVISOR PRACTICE IN AMERICA

Information Compiled from 258 Physician Advisors	*45 States Represented*	*Base Salary & Benefit Information Included*

AMERICAN COLLEGE OF PHYSICIAN ADVISORS

INTRODUCTION

This national, biennial survey was conducted by the American College of Physician Advisors (ACPA) from April through June of 2023. It is a self-selected, self-reported survey and may not fully represent the larger population of physician advisors, nationally.*

This year's survey consisted of two parts:

1. The professional practice of physician advisors
2. Work-life balance and the personal well-being of physician advisors

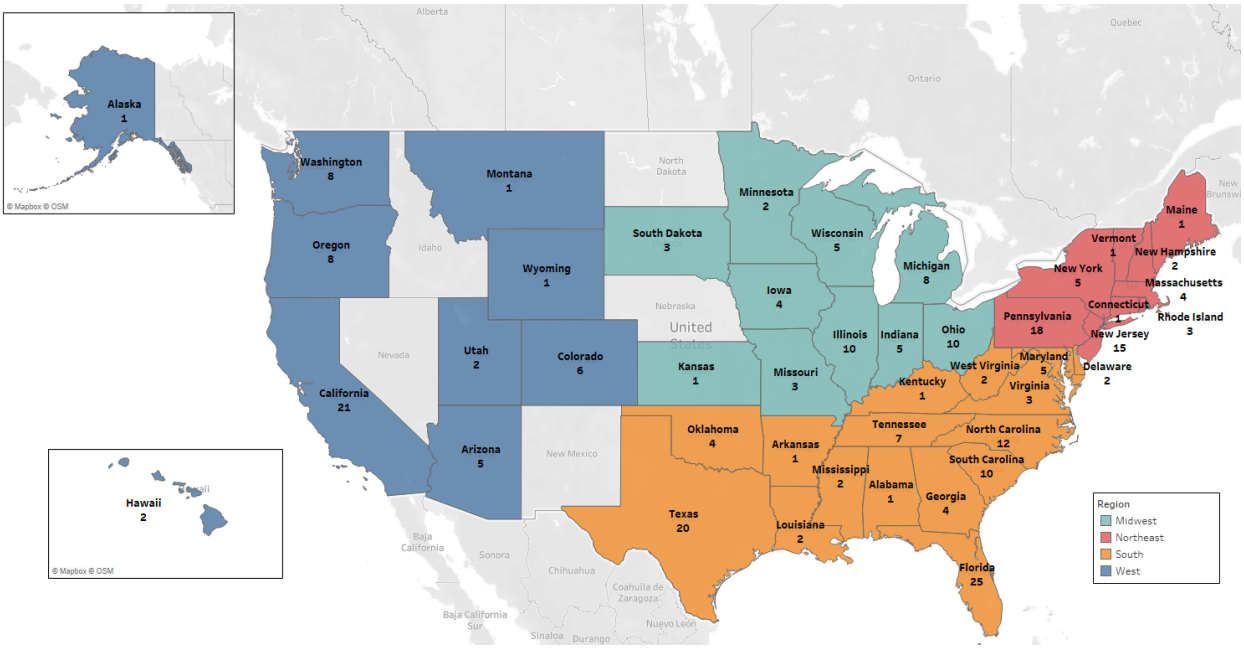
To keep this survey relevant, the 2021 version was reviewed and some older questions from Part I were replaced by new questions. Therefore, for those questions there is not an available prior comparison/baseline, which is noted in the commentary. Part II of the survey has remained unchanged.

2021 to 2023 change: ACPA received 258 responses reflecting a sample size increase of about 13% compared to the 2021 survey. Of note, the 2021 survey was conducted amid the COVID-19 Public Health Emergency, which could have impacted the respondents in a myriad of ways.

PART I: PROFESSIONAL PRACTICE

Q1. WHAT STATE DO YOU WORK IN?

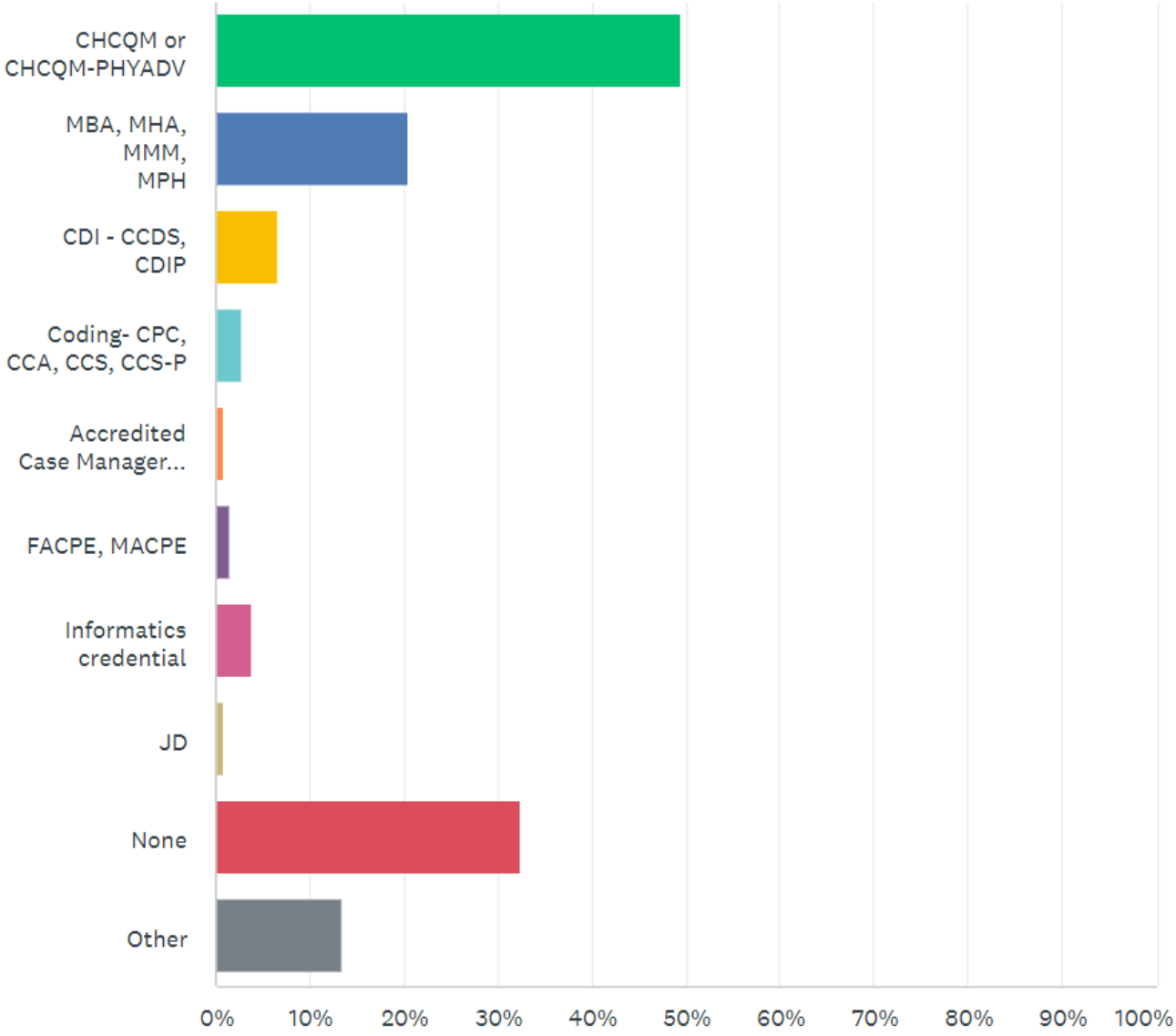
The current survey respondents hail from 45 of the 50 states with the exclusion of Idaho, Nebraska, New Mexico, North Dakota, and Nevada. States with the most participants included Florida and California (25 and 21 respondents respectively), followed by Texas and Pennsylvania with 20 and 18 respectively.



2021 to 2023 change: As the prior trend established, we are receiving replies from more states each time the survey is offered. There were only 33 in 2017, 39 in 2019, 42 in 2021 and now 45 in the current survey.

Q2. WHAT OTHER NON-CLINICAL CREDENTIALS DO YOU HAVE?

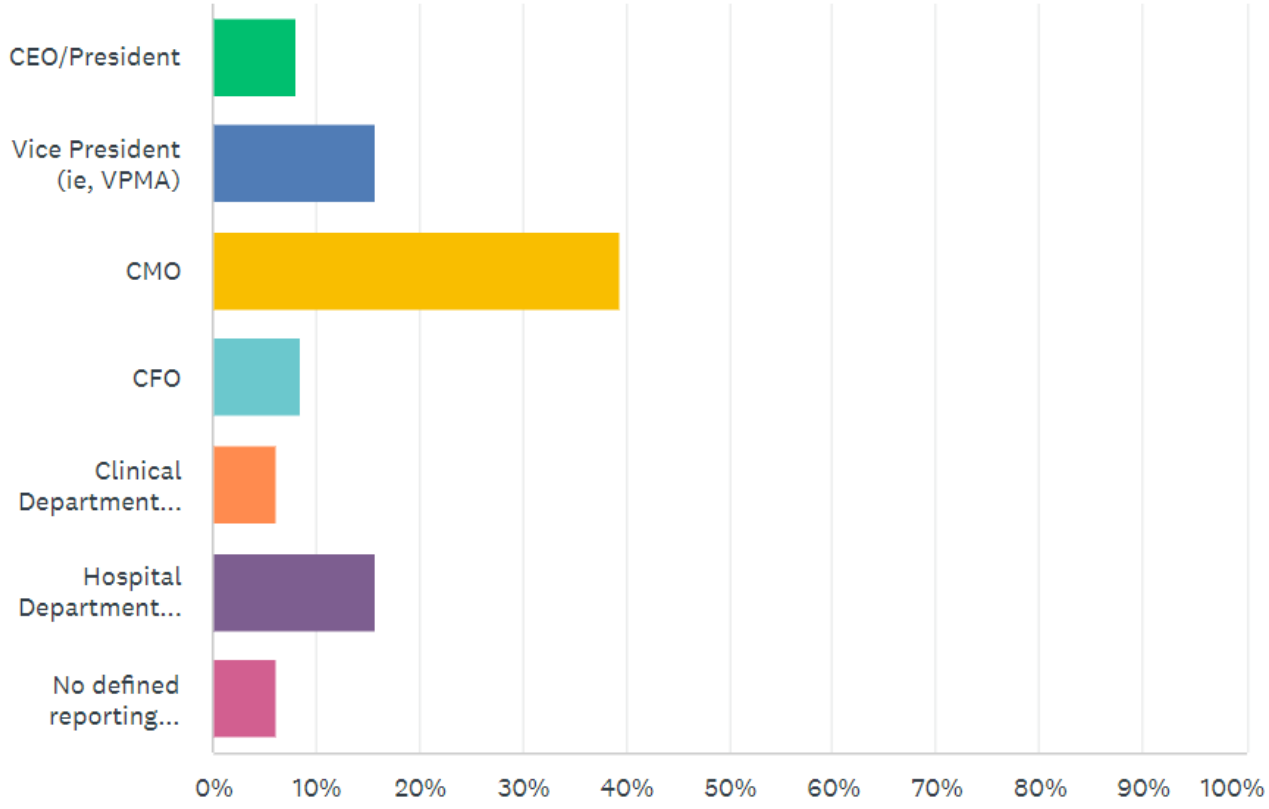
Half of the respondents are holders of CHCQM or CHCQM-PHYADV certification while 20% have various Masters' degrees (MBA, MHA, etc.). Clinical Documentation Integrity (CDI) and coding credentials are a distant third and fourth place with approximately 7% and 3% respectively. Notably, one-third of the respondents have no additional credentials and over 13% hold "other" credentials not listed.



2021 to 2023 change: The percentage of CHCQM-certified physician advisors has remained without change along with the percentage of physician advisors with no additional certification. Additional certification holders are reaching a steady state.

Q3. TO WHOM DO YOU REPORT?

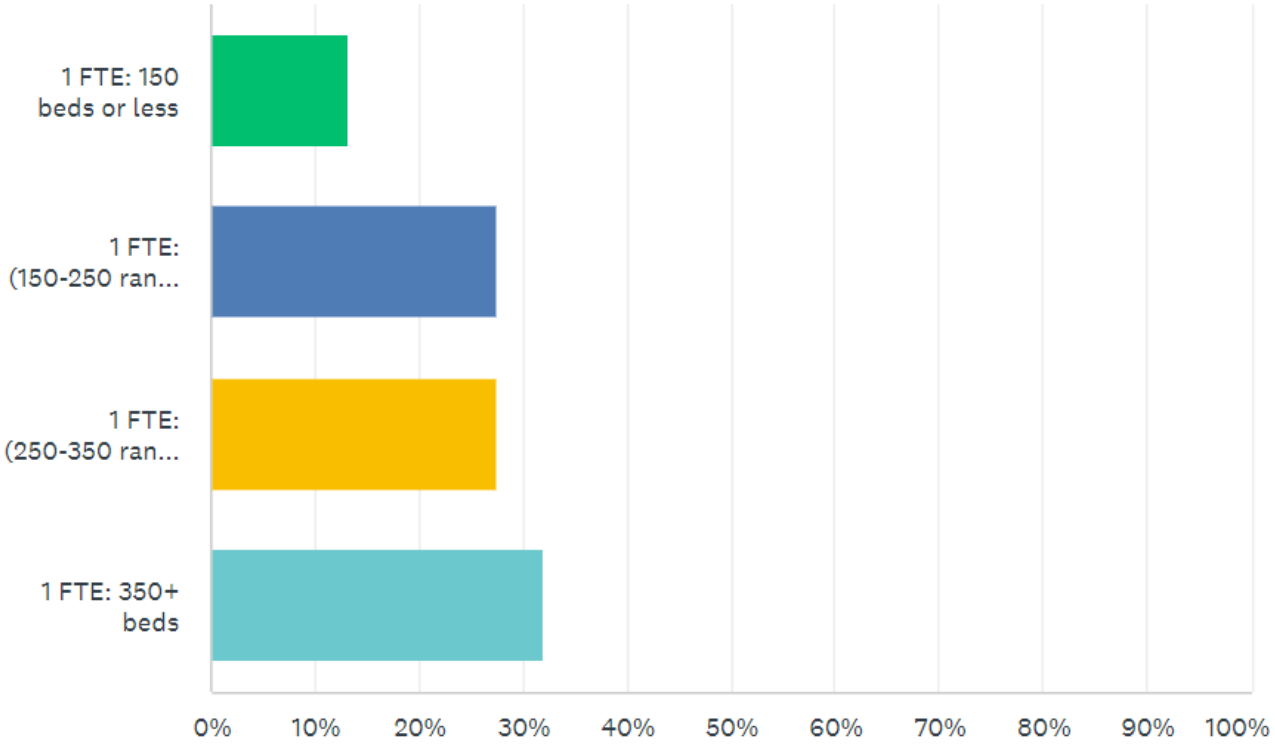
As in prior surveys, the physician advisor reporting structure has not changed significantly but seems to lay with the Chief Medical Officer (CMO). About 40% of physician advisors who participated in the survey report to the CMO. Vice President of Medical Affairs (VPMA) reporting is the second most common report-out for 16% of the respondents representing no meaningful change since 2021. The rest report to a variety of other hospital positions. Once again, about 6% stated they have no defined reporting structure.



2021 to 2023 change: There were no significant changes in physician advisors' reporting structure since the prior survey. The CMO role appears to be the most common position that physician advisors report to.

Q4. WHAT IS THE RATIO OF FTE PHYSICIAN ADVISORS TO INPATIENT BEDS? – NEW QUESTION IN 2023

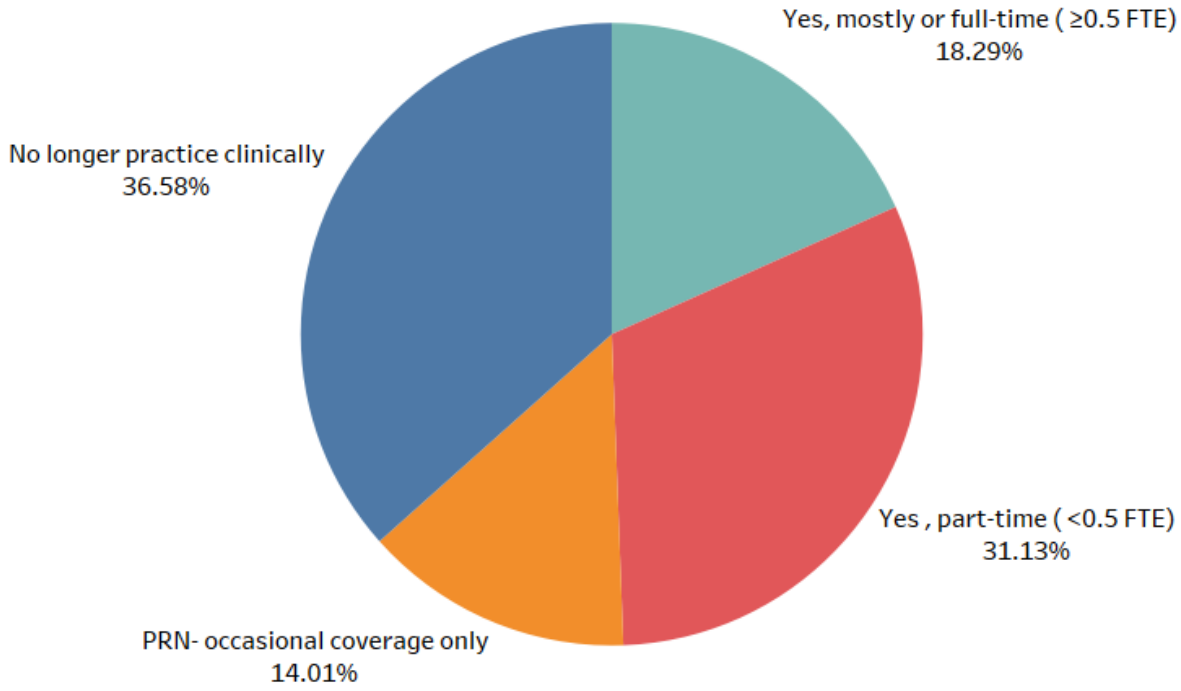
This question's purpose is to assess the most common inpatient bed-to-FTE physician advisor ratio. In essence, the workload placed on an average physician advisor. It appears the most common ratio is 1.0 FTE to over 350 beds at 33% of respondents. This is closely followed by 1.0 FTE to 250 – 350 beds and 150 – 250 beds, both at 27%. Only 13% cover a population of less than 150 inpatient beds.



2023 assessment: More organizations that have physician advisor staff are truly maximizing their workload by dedicating them to coverage of more inpatient beds. As a reminder, the ACPA Physician Advisor ROI tool established that the ideal staffing ratio for physician advisors (depending on factors such as Emergency Department volume and work outside of second-level status reviews) is 1.0 FTE per 150 – 300 adult acute beds. We must watch this trend closely.

Q5. DO YOU STILL PRACTICE CLINICALLY?

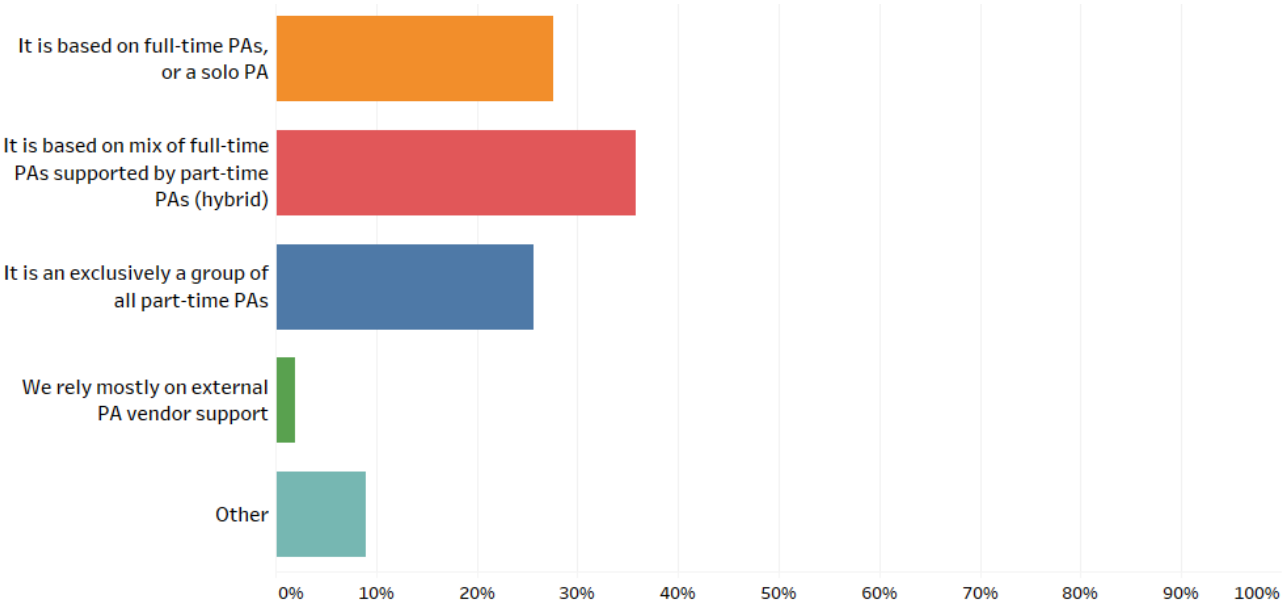
The majority (37%) of respondents are no longer clinically active. The second most common arrangement is practicing < 0.5 FTE at 31%. Physician advisors with > 0.5 clinical FTE and PRN coverage were less common at approximately 18% and 14% respectively.



2021 to 2023 change: While the percentage of physician advisors who do not concurrently practice clinically has remained steady since 2019, the percentage of physician advisors who maintain limited clinical duties (less than 0.5 FTE) has steadily increased during the same period, reflecting an increased demand for dedicated physician advisor administrative time. While not yet ready to commit to full-time physician advisor positions, many organizations are requiring their physician advisors commit more time to the role, leaving less time available for clinical coverage.

Q6. WHAT IS YOUR PHYSICIAN ADVISOR PROGRAM MODEL? – NEW QUESTION IN 2023

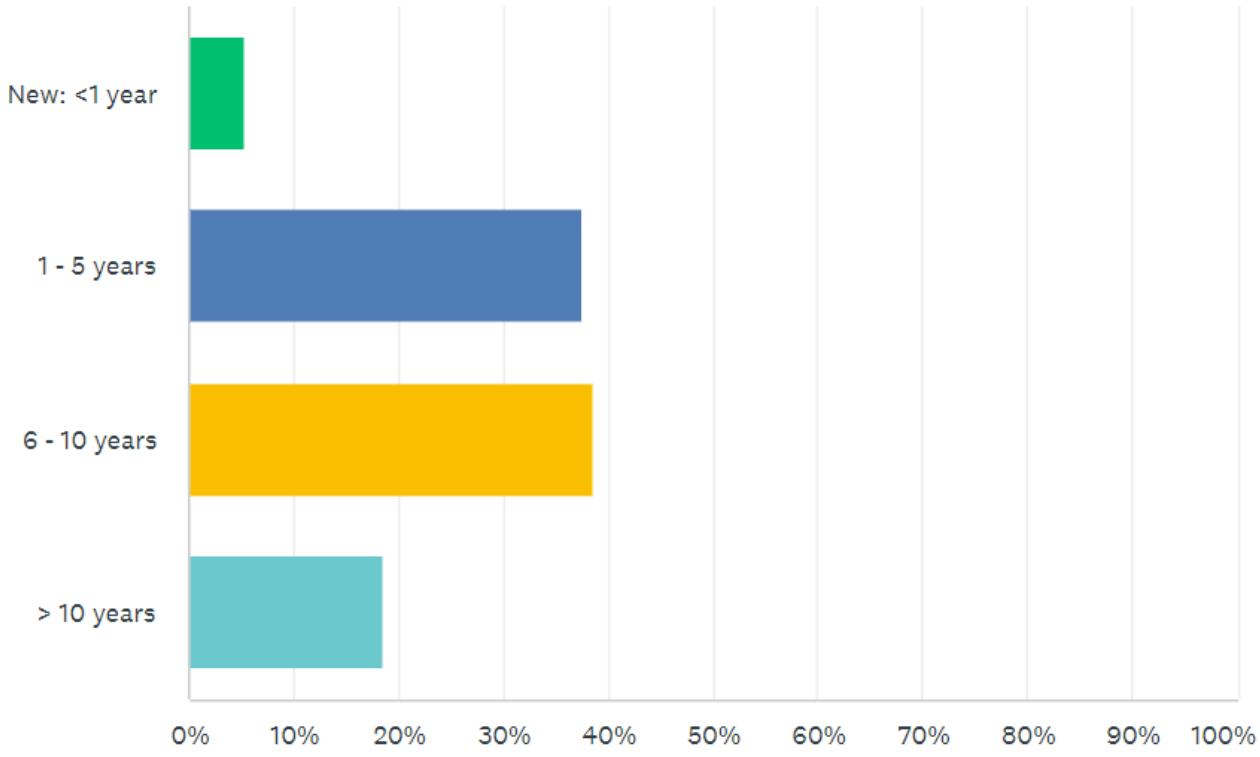
Given the increasing number of physician advisor programs nationwide, ACPA wanted to assess the prevalence of different models. The most common is a hybrid model with a core of full-time physician advisors who are supported by part-time staff (36% of all the respondents). The next two models were close in their prevalence. "All FTE/solo physician advisor" at 28% and "exclusively part-time mix" at 25%. Very few respondents are primarily relying on external physician advisor vendor support for their programs (2%).



2023 assessment: The most common model is one of core full-time FTE(s) with support from part-time physician advisors. It is suspected this model evolved from the two other common models, all full-time physician advisors and all part-time physician advisors, as organizational needs have increased. This trend will be followed in subsequent surveys to establish the validity of this presumption.

Q7. HOW LONG HAVE YOU BEEN PERFORMING PHYSICIAN ADVISOR DUTIES?

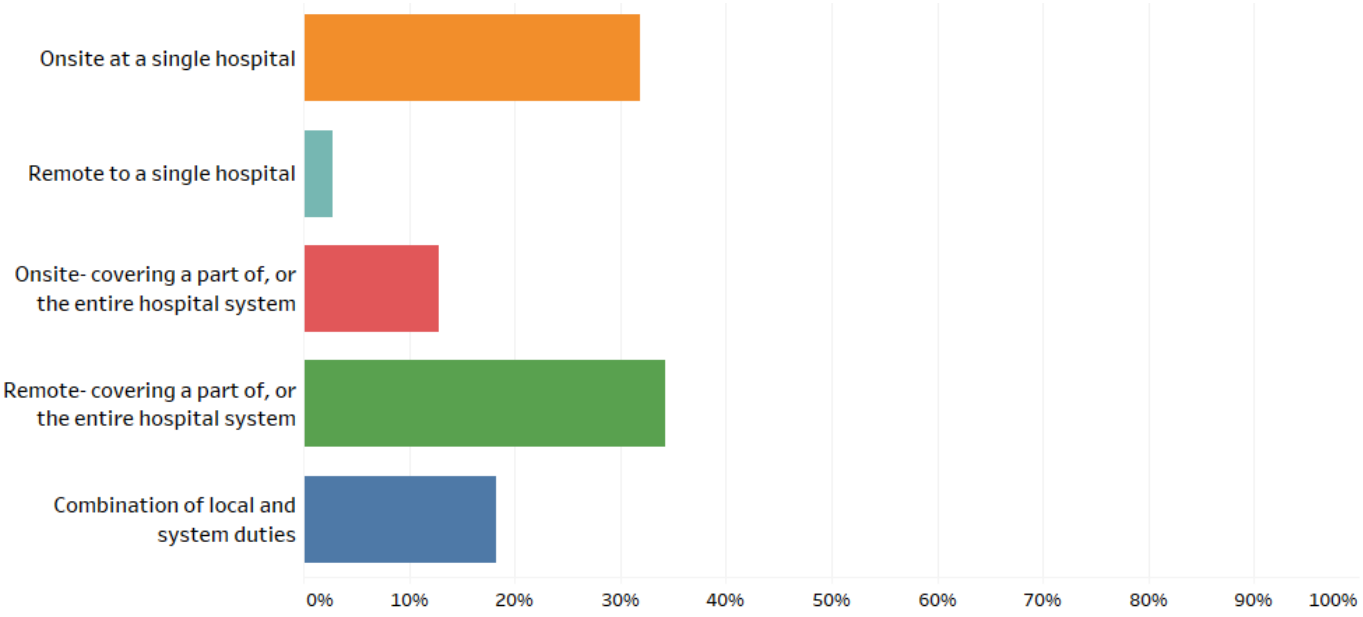
Brand new physician advisors (working in the role for less-than one year) made up only 5% of the group, while groups of one-to-five years and five-to-ten years of experience were equal at about 38%. The proportion of our most experienced colleagues (over 10 years) has increased to about 18%.



2021 to 2023 change: As the physician advisor role becomes more established, the portion of "veteran" physician advisors with over 10 years of experience has increased, accordingly. The mid-career physician advisors currently constitute the largest group. However, it is particularly important to track the portion of "newcomers" to determine the sustainability of the physician advisor role and a potential saturation point.

Q8. WHAT IS YOUR WORK SETTING AS A PHYSICIAN ADVISOR?

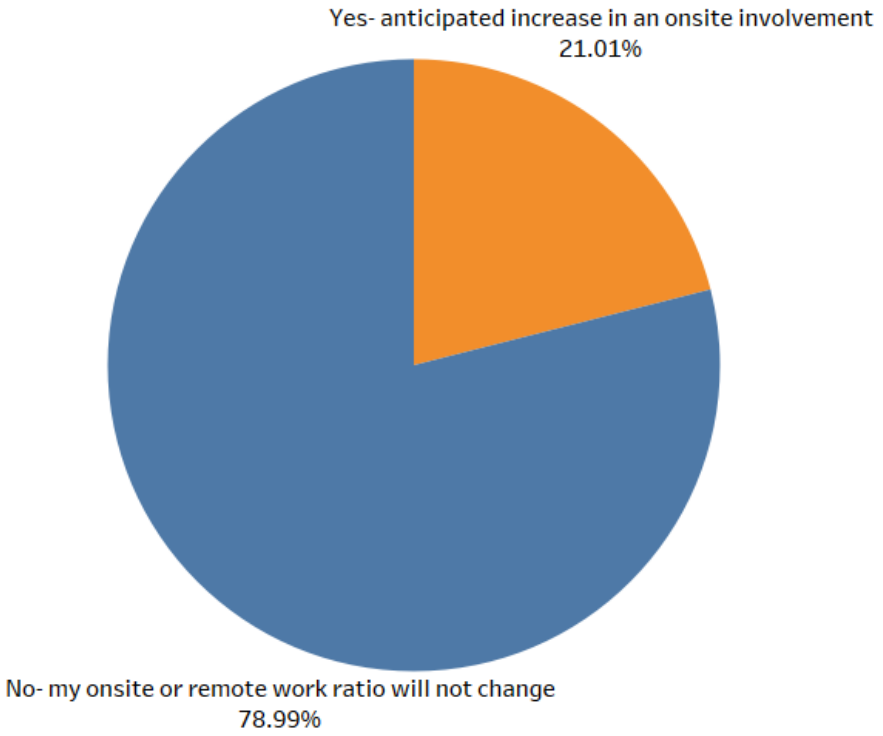
Working for a single hospital (onsite at 32% or remotely at about 3%) has remained steady since 2021 as a common setting. However, the most common situation is now "remote work covering part of or the entire health system" at 34%.



2021 to 2023 change: The rise of remote work precipitated by the COVID-19 pandemic has likely led to an even further increase. The portion of respondents who participate in some type of remote work has risen from 6% in 2019 to about 25% in 2021 and is now at 37%. Fewer physician advisors are onsite than before.

Q9. IF YOU WORK REMOTELY, DO YOU FORESEE MORE ONSITE INVOLVEMENT WITH THE PHE ENDING? – NEW QUESTION IN 2023

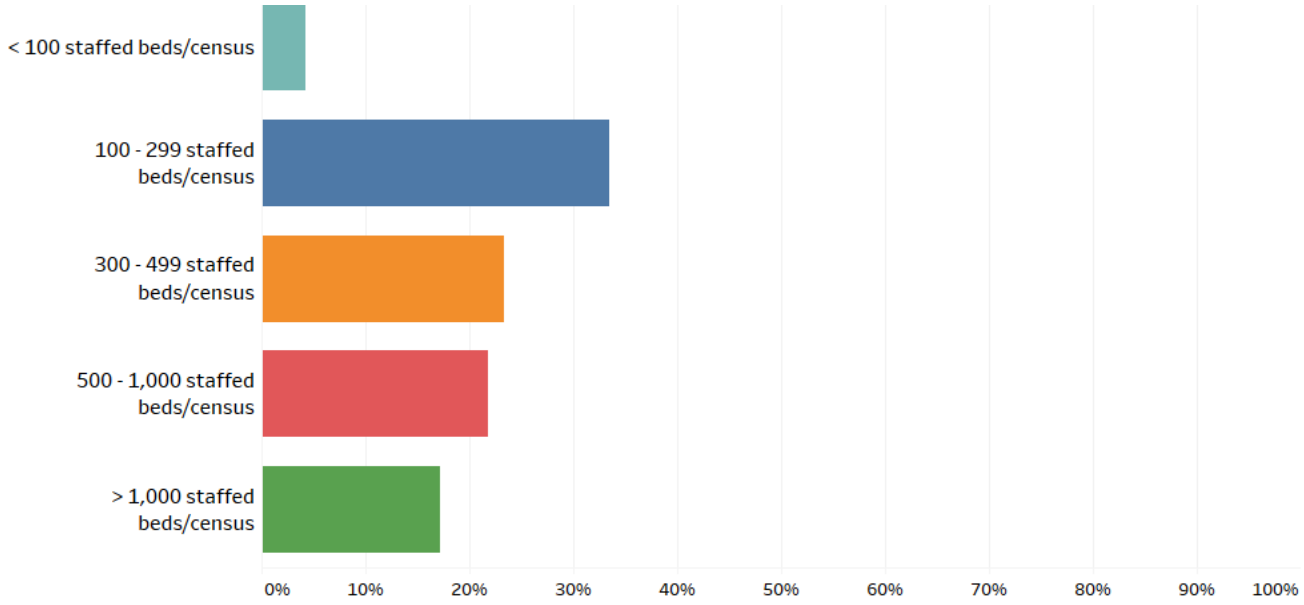
The replies to this question were overwhelmingly slanted towards the "No" option. About 80% did not anticipate any changes to the remote/onsite work ratio while 20% did anticipate more onsite involvement.



2023 assessment: As in many industries nationwide, the COVID-19 PHE has introduced profound changes in the work pattern. This includes a significant increase in the amount of remote work for physician advisors which is not about to recede. The true impact of not being onsite, as opposed to the earlier more traditional onsite model of physician advisor work, will require its own assessment in the future.

Q10. WHAT IS THE SIZE OF THE STAFFED PATIENT POPULATION YOU PERSONALLY COVER AS PHYSICIAN ADVISOR?

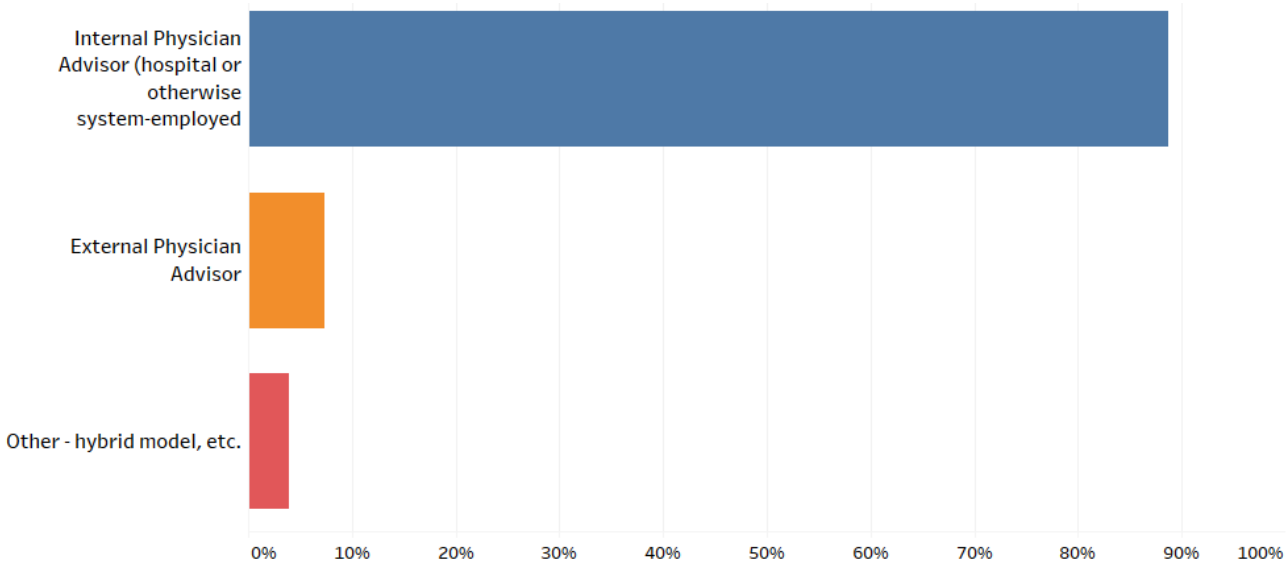
While this question seems very similar to Q4, the difference is important: Q4 asks about the number of inpatient beds while this question refines that number to a more pragmatic average daily census (ADC) given the nursing shortage and frequent inability to staff all available beds. However, this number might also include other populations such as those who are designated as outpatient in bed, observation, etc. The most common scenario here involves physician advisors covering 100 – 300 staffed beds (suspected to be community hospitals) at 34% followed equally by an ADC of 300 – 500 census (23%) and 500 – 1,000 census (22%) suspected to be academic medical centers.



2021 to 2023 change: Community hospital level ADC (100 – 300 staffed beds) continues to remain the most common and typical scenario as the covered patient cohort as are two other larger settings (300 – 500 and 500 – 1,000). No substantive changes have been noted since prior surveys.

Q11. WHAT IS YOUR MAIN EMPLOYMENT ARRANGEMENT?

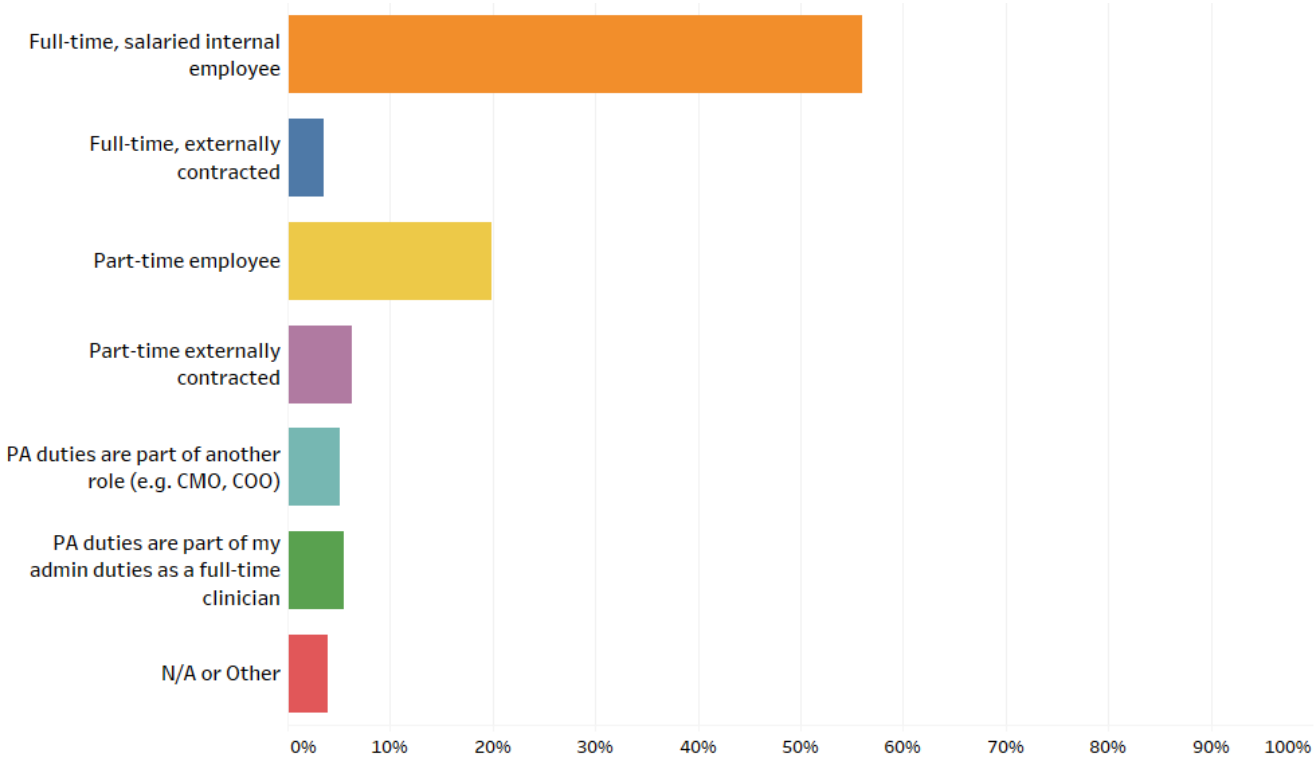
The previously noted trend to internalize physician advisors has not changed and remains persistent. The group of internal physician advisors (hospital/system employed) has been steadily increasing and currently is the most common scenario at 89% respondents. External physician advisors (7.4%) and other models (less than 4%) make up the rest of the survey.



2021 to 2023 change: This confirms the prior trend of bringing physician advisors under internal control via a hospital/system employment model with less reliance on outside or vendor resources. This trend is not expected to abate.

Q12. WHAT SET-UP DESCRIBES YOU THE BEST IN YOUR POSITION OF PHYSICIAN ADVISOR?

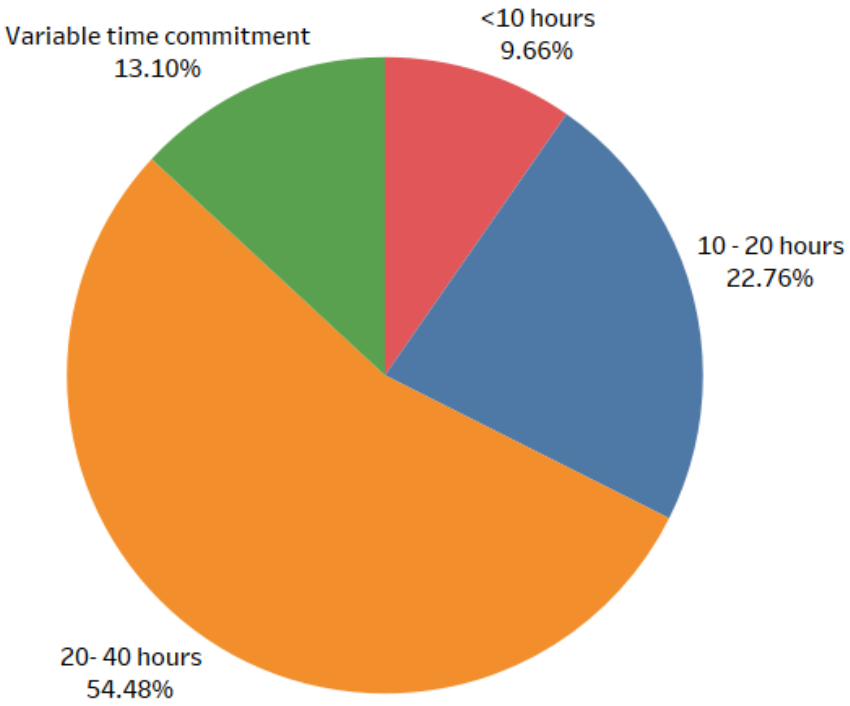
Full-time salaried internal employees were the most dominant model among our respondents at 56% with part-time employees being a distant second at about 20%. A variety of other models exist with 3 – 6% frequency for each.



2021 to 2023 change: No significant changes have occurred since the prior survey. The FTE and part-time employment have remained the most common scenario in the physician advisor employment model.

Q13. IF YOU ARE PART-TIME, HOW MANY HOURS PER WEEK DO YOU PERFORM PHYSICIAN ADVISOR DUTIES?

The majority of part-time physician advisors (almost 55%) spend most of their time (20 – 40 hours/week) performing physician advisor duties while those involved less than 10 hours/week make up only 10%.

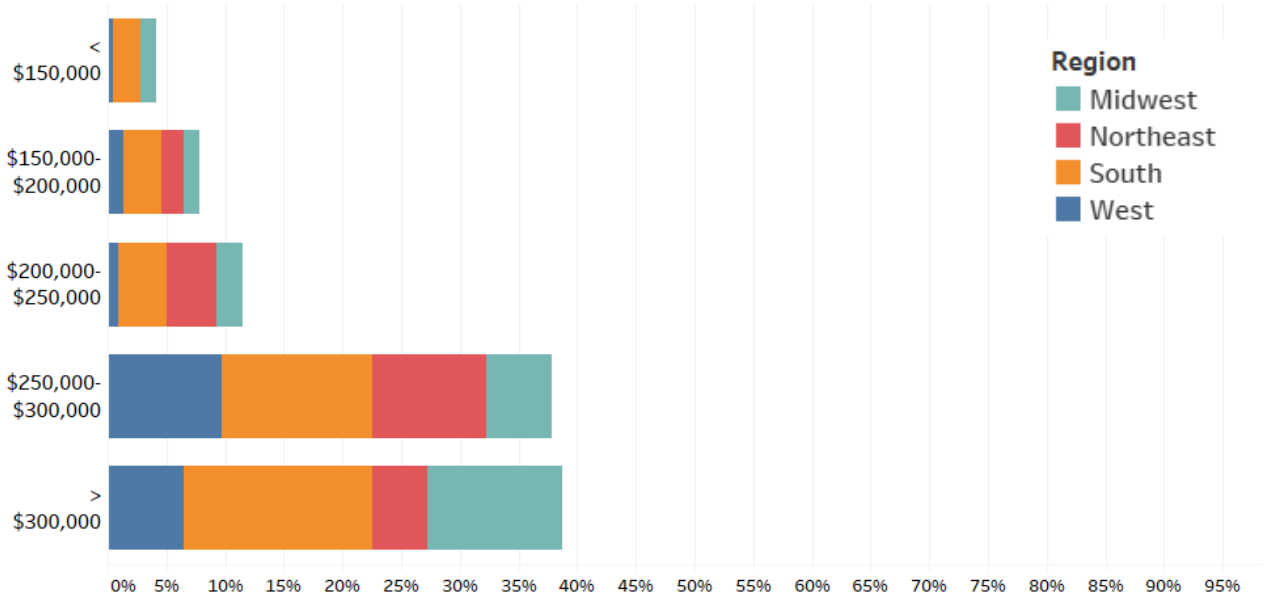


2021 to 2023 change: Like the previous question, there has not been a major change among part-time physician advisors with half working close to a full-time commitment.

Q14. IF YOU ARE A FULL-TIME SALARIED HOSPITAL/SYSTEM EMPLOYEE, WHAT IS YOUR ANNUAL SALARY?

This is historically the survey's most awaited and anticipated question. It's nice to note that the most common salary range (39% of replies) actually exceeds $300K with the group earning $250 – 300K essentially identical in number at 38%. This puts almost 80% of the respondents earning $250K or more, annually. The group of lowest earners at less than $150K has dropped to about 4%.

From a regional perspective, average salaries range from $267K in the Northeast up to $280K in the Midwest. However, the averages are not very informative as the salary ranges in all regions are skewed towards the higher end with the Midwest reporting 50% of the respondents earning over $300K while the Northeast reported the lowest group at 23%. However, when we look at the subgroups, their smaller sample sizes preclude definitive conclusions.

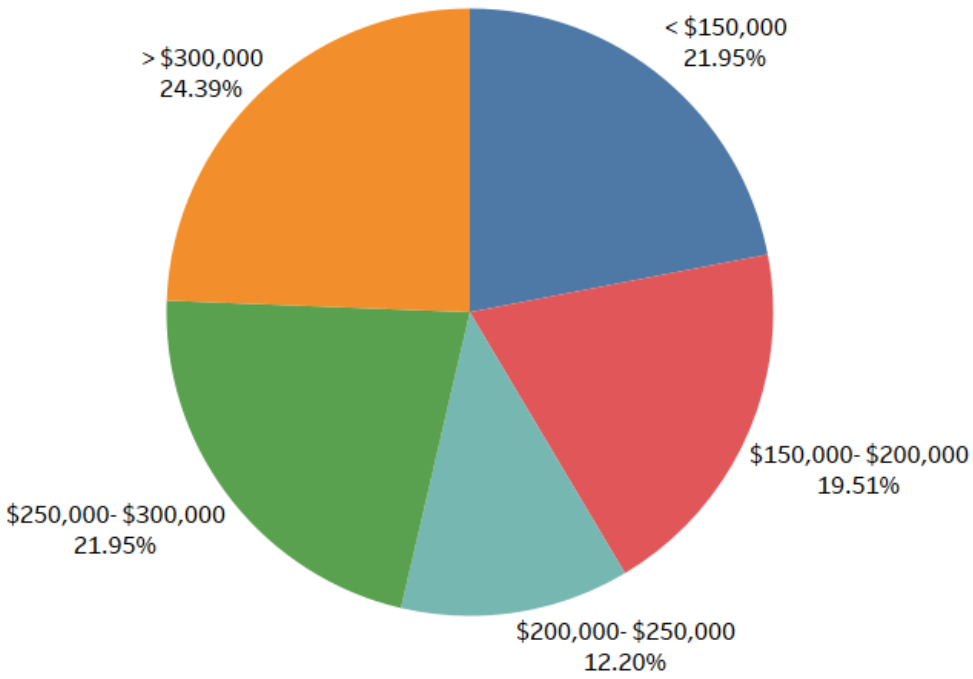


2021 to 2023 change: Again, the general FTE salary distribution range remained almost unchanged with nearly 80% at the higher end of the range. The portion of physician advisors earning less than $200K decreased from 14% in 2019 to 8% in 2021 and now is down to a low of 4% in the current survey. (As an aside, ACPA is hopeful these surveys have in some way influenced this boost for our physician advisor community.) Salary ranges are skewed towards the higher end across all the regions.

Q15. IF YOU ARE A FULL-TIME EXTERNAL VENDOR EMPLOYEE, WHAT IS YOUR ANNUAL SALARY? – NEW QUESTION IN 2023

This new question was suggested by one of the vendors in the physician advisory field. Out of 258 respondents, only 41 self-described as external employees, decreasing the total sample size. Their salary range exhibited a bimodal curve peaking almost equally at both the lowest end of the salary range (less than $150K) and at the highest end (over $300K) exhibiting an inverted bell curve likely due to small sample size.

While we are providing a regional breakdown for external physician advisors, we recognize it might be less informative/practical since many work remotely and actual geographic location of the physician is less important than the location of the client hospital (if dedicated) or not important at all (if covering many facilities).

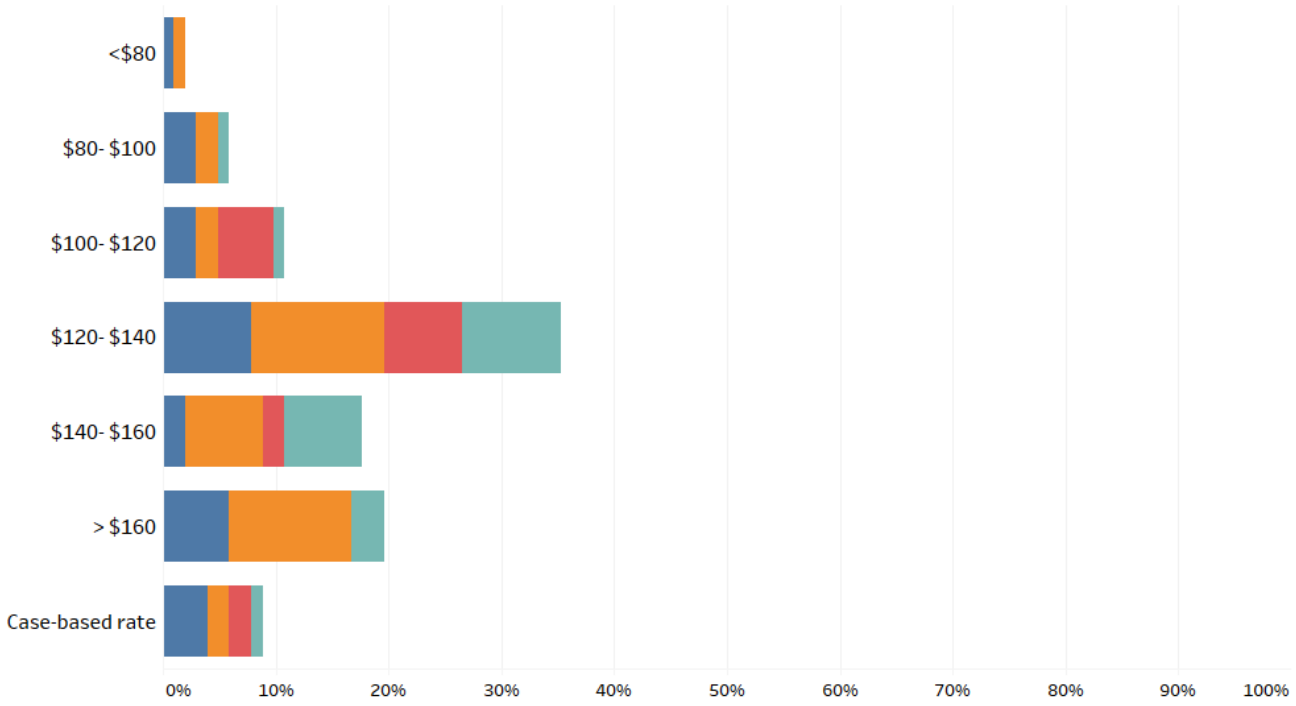


2023 assessment: It appears that external physician advisor compensation is highly variable and not uniform. This might be partially explained by the disparity of contracts or difference in scope of practice such as remote external physician advisors performing only second-level reviews as compared to an external physician advisor who is embedded within the organization carrying out the full scope of physician advisor work. Furthermore, vendors are likely not sharing their compensation models as openly as non-vendors. Nevertheless, if one is considering this type of work, additional cross-comparison might go a long way.

Q16. IF YOU ARE A PART-TIME PHYSICIAN ADVISOR, WHAT IS YOUR HOURLY SALARY?

The part-time cohort was limited to just over 100 respondents. The most common range has not changed at $120-140/hour with the over $160 range coming in second . There is a wide variety of compensation ranges. As in the 2021 survey, 2% of respondents are still paid at less than $80/hour. About 9% are paid on a case-rate basis.

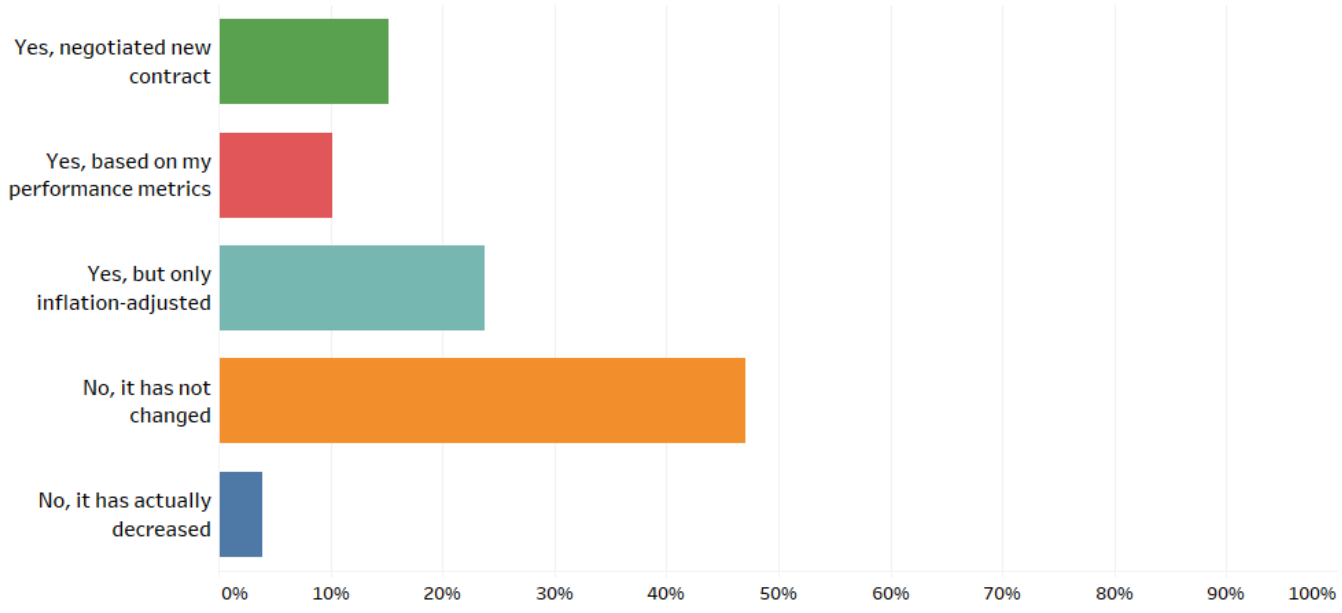
Regionally, salaries fall widely with the South and West leading the higher salary range distribution and the Northeast coming in at the lowest (again, samples become too small to analyze). Nonetheless, comparing individual contracts to this data is recommended.



2021 to 2023 change: While the most common salary range remained the same, the second most common group has become the highest paid part-time physician advisors at over 160/hour as opposed to the $140-160/hour group as it was in 2021. There are few outliers on the lower end of the compensation range and some still are paid on a case-rate basis.

Q17. HAS YOUR ANNUAL OR HOURLY SALARY INCREASED SINCE THE LAST SURVEY IN 2021? – NEW QUESTION IN 2023

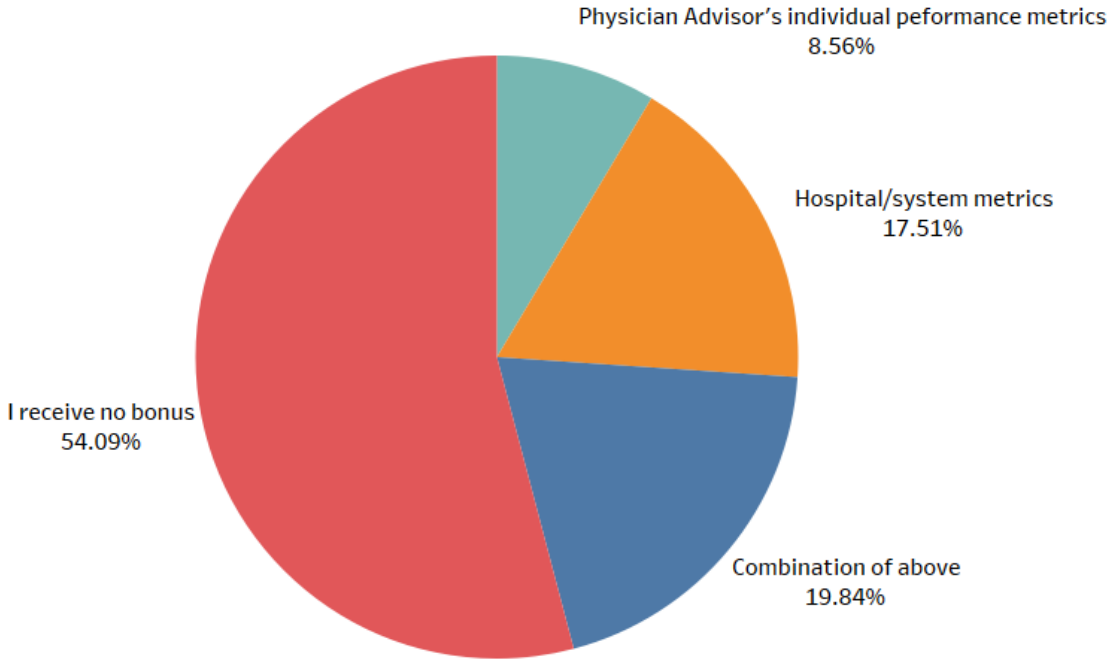
Given that two quite eventful years have passed since the prior survey given the PHE, we wanted to evaluate change in salaries over that time. It appears that while almost half of the respondents enjoyed some increase, the other half reported their salary remained static or had actually decreased (47% and 4% respectively). Out of those whose salaries have increased, one half received only inflation-related adjustment while the other half either renegotiated their contracts or received merit increases.



2023 assessment: The adage, "all medicine is local" holds true here. There truly does not appear to be a national trend for physician advisor salaries. We presume a lot here is representative of the individual physician advisors advocating for themselves. As such, please do not neglect this point.

Q18. IF YOU RECEIVE A BONUS, WHAT IS IT BASED ON?

Regretfully, more than half of physician advisors (54%) do not receive a bonus, which is exactly the same percentage as in 2021. Of those who do receive a bonus, only 8.5% receive one based on their individual performance with the rest provided based on a combination of individual and hospital metrics.

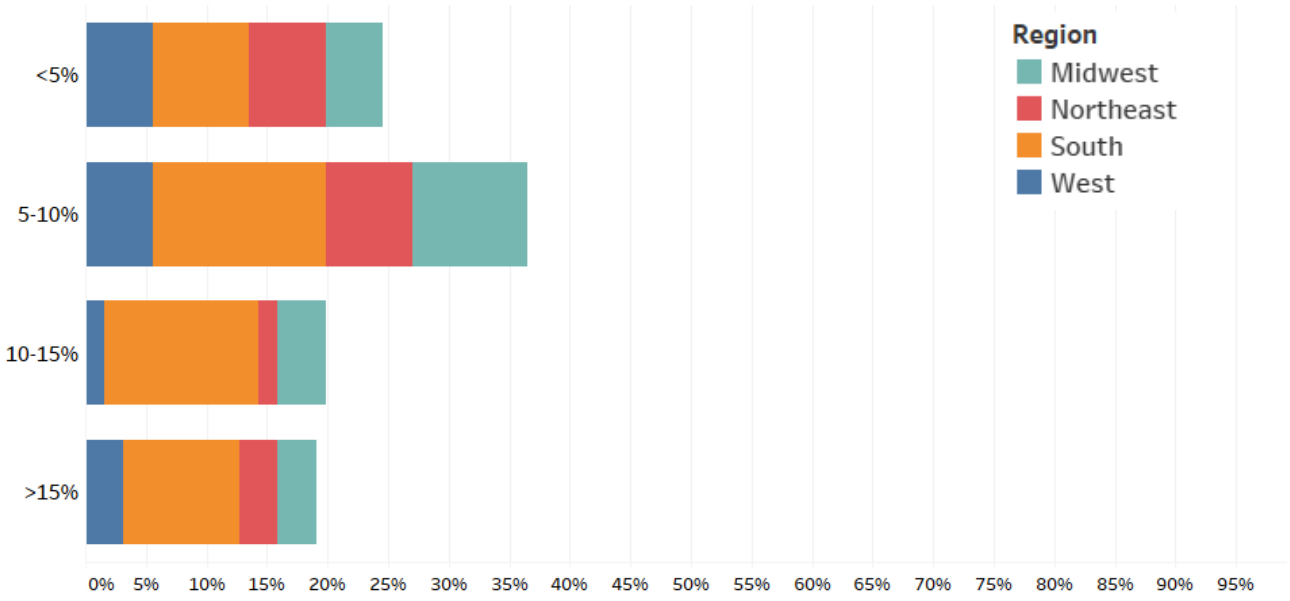


2021 to 2023 change: The percentage of physician advisors not receiving a bonus has remained stagnant over the period of several surveys. The assessment metrics have not changed substantially, either. This serves as an area of special attention during contract negotiations.

Q19. IF YOU DO RECEIVE A BONUS, WHAT PERCENTAGE OF YOUR SALARY IS IT?

Regrettably, half of the respondents receive no bonus whatsoever. The largest group of those receiving a bonus (36%) received one at the smaller end at 5 - 10% of their salary. The two other groups of larger bonuses at 10 – 15% and 15% or more are evenly split at 19%.
Unfortunately, many receive the smallest bonus percentage of less than 5% (26%).

This analysis holds mostly true when viewed from a regional perspective. Bonus percentages are skewed toward the lower end of the scale across all the regions with the exception of the South where about 50% of those receiving bonuses get them exceeding 10% of salary.



2021 to 2023 change: The range of bonus payments has not changed significantly and continues to be in a wide range from less than 5% to over 15% of base salary. Only half are getting any additional payment, at all. This point seems to be the most neglected when it comes to physician advisor compensation.

Q20. WHICH OF THESE ARE YOUR ROUTINE ACTIVITIES?

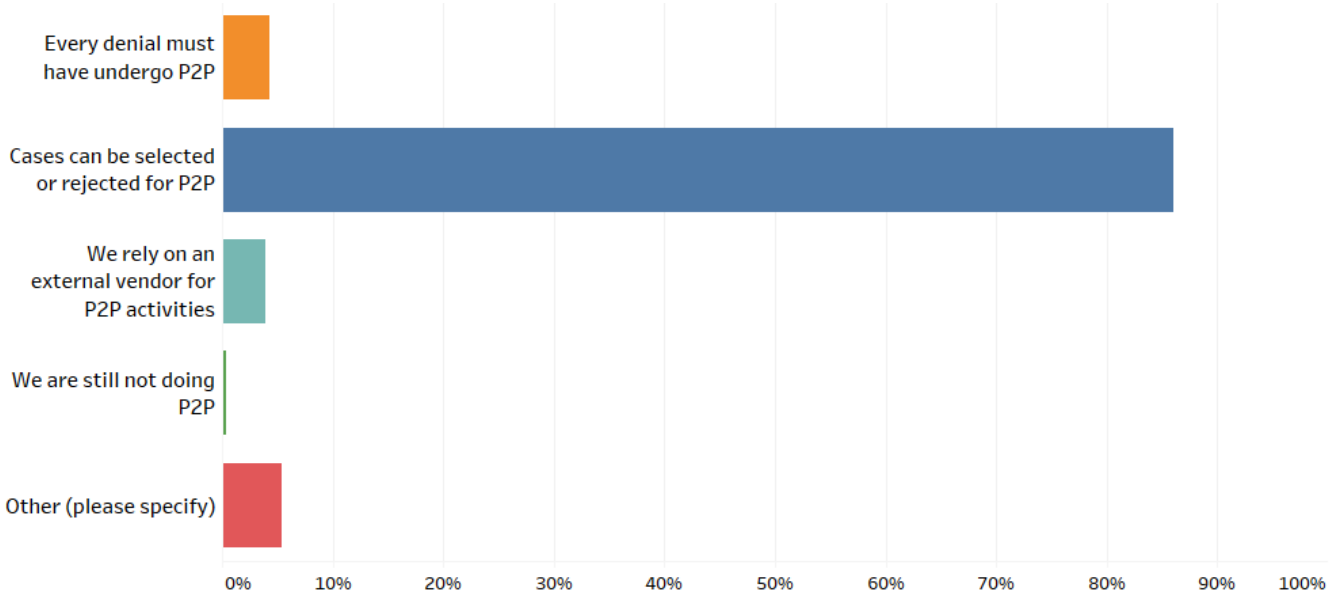
As the profession of physician advisors is still in a relatively early stage and constantly evolving, ACPA continues to check on the activities that the community is involved in. Like in 2021, the most common activities remain second-level of care reviews, peer-to-peer discussions, and physician education with over 80% of the respondents indicating these activities are involved in their role. Interestingly enough, the MOST common activity appears to be peer-to-peer discussions at 88%. It seems Clinical Documentation Integrity (CDI) work is routine for about half of us. On the other hand, only a few are involved in quality-related work such as mortality reduction (16%) or population health activities such as managing full-risk populations (5%).
We are still not meaningfully engaged in contract work with payers as only 20% of our respondents participate.

ANSWER CHOICES	RESPONSES	
Second level UR status reviews	84.94%	220
Leading/supporting Care Management Department	57.53%	149
Peer-to-peer discussionss	88.03%	228
Participating in UR appeal process (appeal writing, ALJ hearings)	55.98%	145
Leading/supporting Compliance (e.g. Chief Med Compliance Officer)	19.69%	51
Leading/supporting Quality (e.g. mortality review, HAC/PSI work)	33.98%	88
Readmission prevention	43.24%	112
Transitions of care	36.68%	95
Mortality reduction	16.22%	42
Full-risk population management	5.41%	14
Leading/supporting Utilization Management (e.g. Chair of UM Committee)	68.73%	178
Other hospital committees- Med Records, Quality, IT Governance	39.77%	103
Participate in contracting with payers	20.46%	53
Physician education	83.40%	216
CM/UR staff education	55.60%	144
CDI/Coding staff education	42.47%	110
Participting in the multidisciplinary rounds	46.33%	120
Participate in Payer contacting process	19.31%	50
IT support- logistics, EMR template creation	19.69%	51
Manage PA Program, involved in the System policy creation	35.91%	93
QI projects- opioid/antimicrobial stewardship, transfusion safety	25.48%	66
Total Respondents: 259		

2021 to 2023 change: The trend of the widening scope of physician advisor work continues. However, while the vast majority are involved in "bread and butter" activities, there is impetus for physician advisors to broaden their skills and get involved in other areas such as contracting or population management.

Q21. WHAT IS YOUR PEER-TO-PEER MODEL? – NEW QUESTION IN 2023

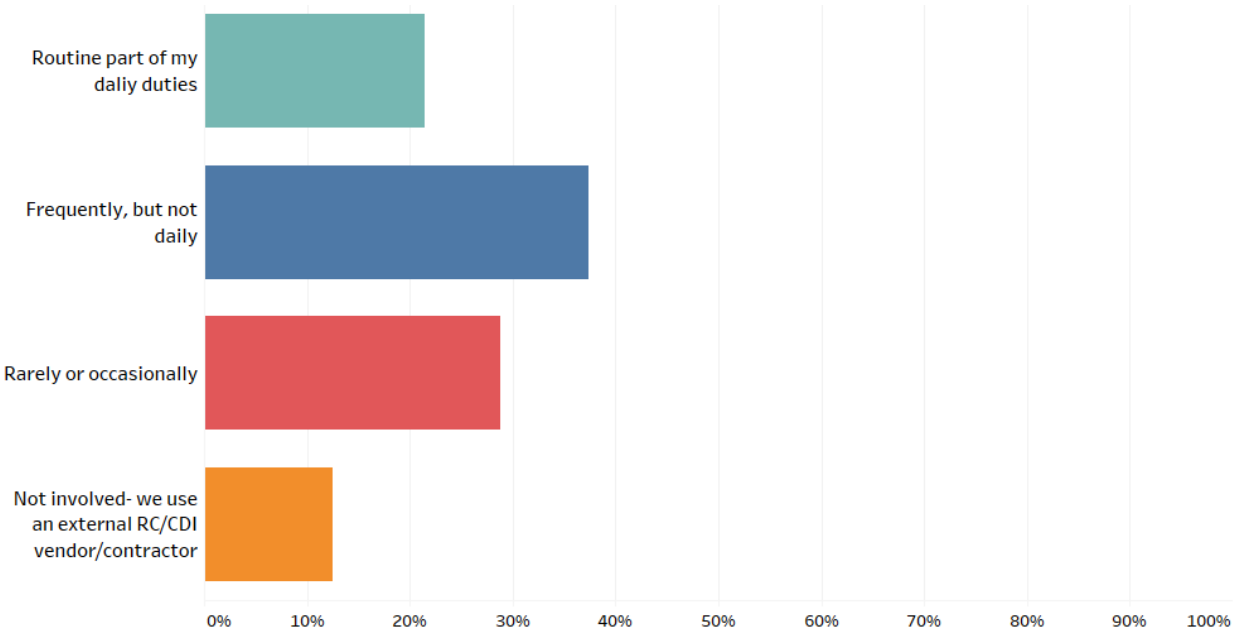
Given the fact peer-to-peer (P2P) activity is one of the "bread and butter" activities physician advisors participate in, ACPA wanted to learn more details about the specifics of case selection for this work. It turns out the dominant majority of physician advisors (86%) can select the cases they would like to take to P2P while 4% have to take every case. Very few (less than 4%) rely on external physician advisor vendors for P2Ps and there is even one facility out there where P2P activity is still not pursued at all.



2023 assessment: P2P activity remains the most common function physician advisors perform. The vast majority of physician advisors have the autonomy to select cases they feel merit taking to P2P. Only a very few rely on external vendors for this work.

Q22. HOW MUCH ARE YOU INVOLVED WITH REVENUE CYCLE (RC) WORK? – NEW QUESTION IN 2023

Given the steady broadening of the physician advisors' scope of practice, RC work is becoming more prevalent. While we did not define RC activities specifically, the biggest group of respondents (37%) stated that their involvement is frequent but not daily. Two other extremes reveals that 21% are working RC activities daily as opposed to 12.5% who are not involved at all.



2023 assessment: Even though RC activities did not make the three most common physician advisor activities, about 60% do it often and a total of 88% of physician advisors are involved to some extent. It will be important to track the progression of RC scope in the future.

Q23. IF YOU ARE INVOLVED IN THE REVENUE CYCLE, WHAT ARE YOUR DUTIES? – NEW QUESTION IN 2023

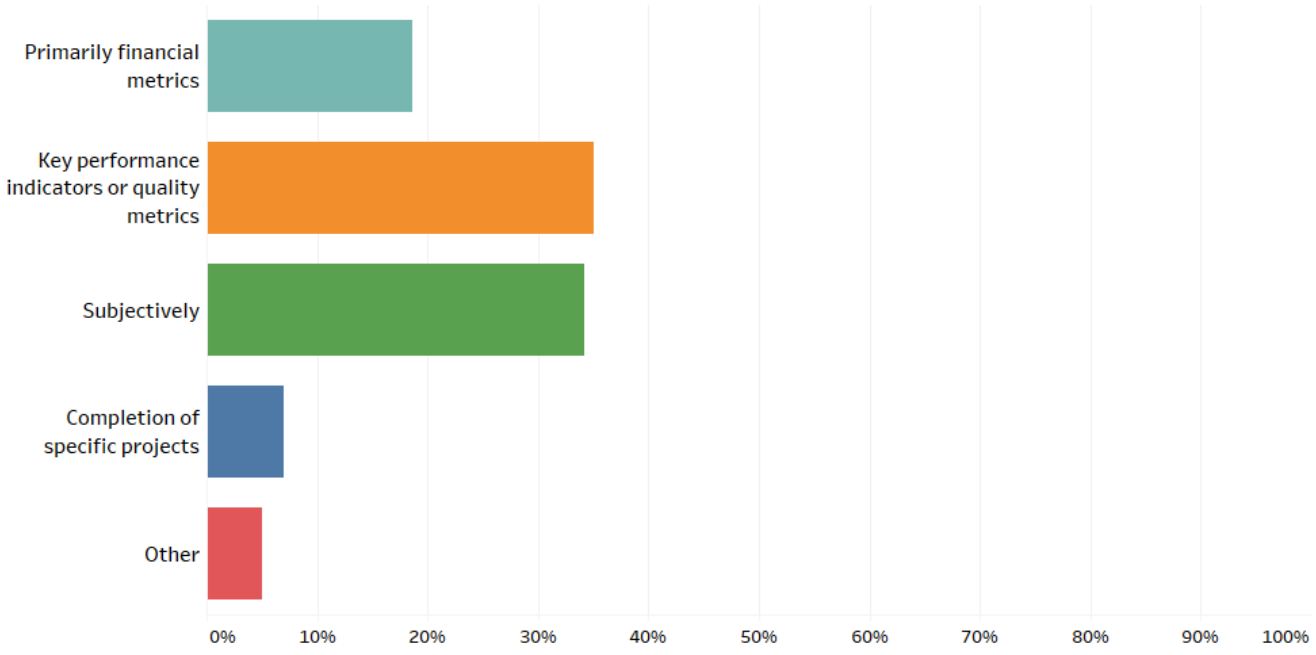
As a follow-up to the previous question, the purpose here is to learn the most common RC activities given several choices provided. Over half (51%) are involved in clinical validation denial/appeal work followed by medical staff and CDI staff education (49%). Many (44%) are involved in daily activities of CDI query process/escalation and a quarter (25%) are not involved in any of these RC activities.

ANSWER CHOICES	RESPONSES	
Query process/escalation	43.63%	113
Clinical validation denial/appeal participation	51.35%	133
Medical Staff/CDI staff education	49.42%	128
Only higher level involvement -member of a Denial Prevention Committee (or similar)	16.60%	43
Not involved so far	25.10%	65
Total Respondents: 259		

2023 assessment: We recognize that the few provided selections limited respondents' choices but CDI denial, education, and query work seem to be the most common activities within RC however, only for just about half of the respondents. Again, these numbers need to be trended into the future.

Q24. HOW IS YOUR PERFORMANCE MEASURED?

One of the surprises of the last survey in 2021 was that 42% of respondents stated their performance was evaluated "subjectively" even though we work in the world of data. That may be reversing per the current survey where the portion of respondents who are evaluated based on KPI or quality metrics and those evaluated subjectively are equal at 35% each. The rest are evaluated on either financial metrics (19%) or completion of specific projects (7%).



2021 to 2023 change: It is not unexpected that the subjective assessment has eventually given way to some more objective indicators. This, however, needs to be trended. It is expected that the prevalence of purely financial metrics or metrics based on special projects will decline, as well.

Q25. WHAT DO YOU SEE AS THE PRIMARY BENEFITS OF YOUR ACPA MEMBERSHIP?

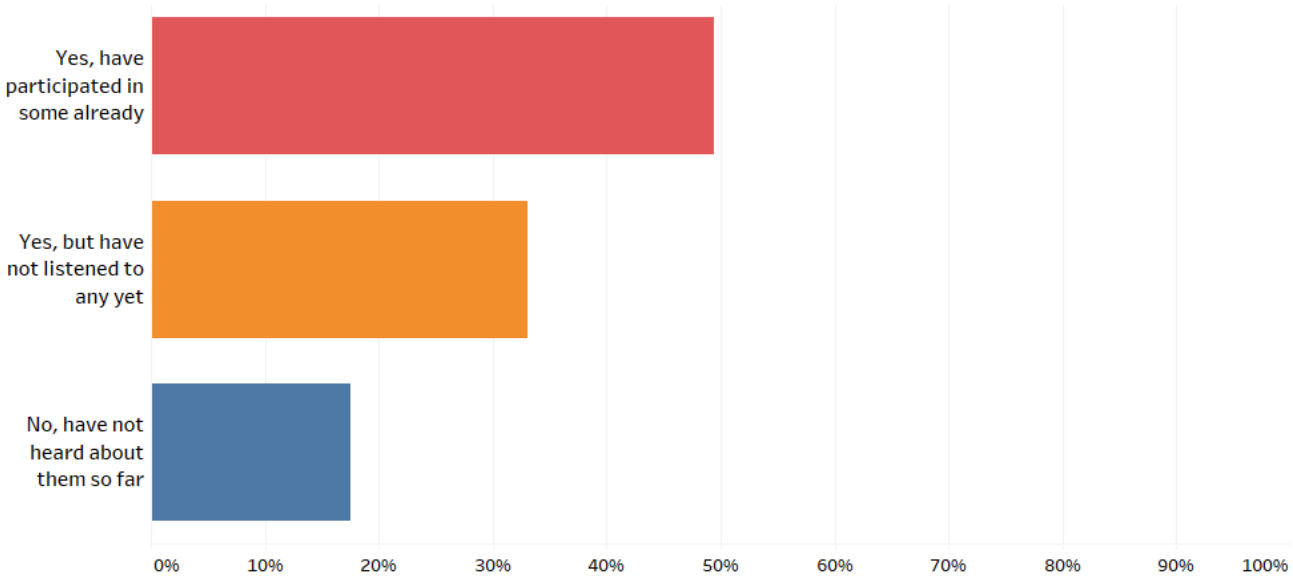
Since the respondents were allowed to choose multiple options, total responses exceeded 100%. As was the case in 2021, the clear winner remains the ACPA's The Learning Center (TLC) educational modules. That was followed in succession by our newsletter, ACPA Update, regulatory updates, peer networking, and committee education and updates (and presumably, our new town halls) included, as well.

ANSWER CHOICES	RESPONSES	
Career/job opportunities/PA hiring assistance	23.55%	61
Physician Advisor Education- The Learning Center	81.85%	212
Committees information/tools- Observation, CDI, Gov't Affairs, Peds Physician Advisors	40.93%	106
Networking/peer interaction	64.09%	166
Newsletter, regulatory updates	67.18%	174
Assistance in developing internal Physician Advisor program	16.60%	43
Other Responses	2.32%	6
Total Respondents: 259		

2021 to 2023 change: As before, ACPA educational offerings continue to remain members' most valuable benefit. Respondents also appreciated networking and new online offerings.

Q26. ARE YOU AWARE OF THE ACPA TOWN HALLS? – NEW QUESTION IN 2023

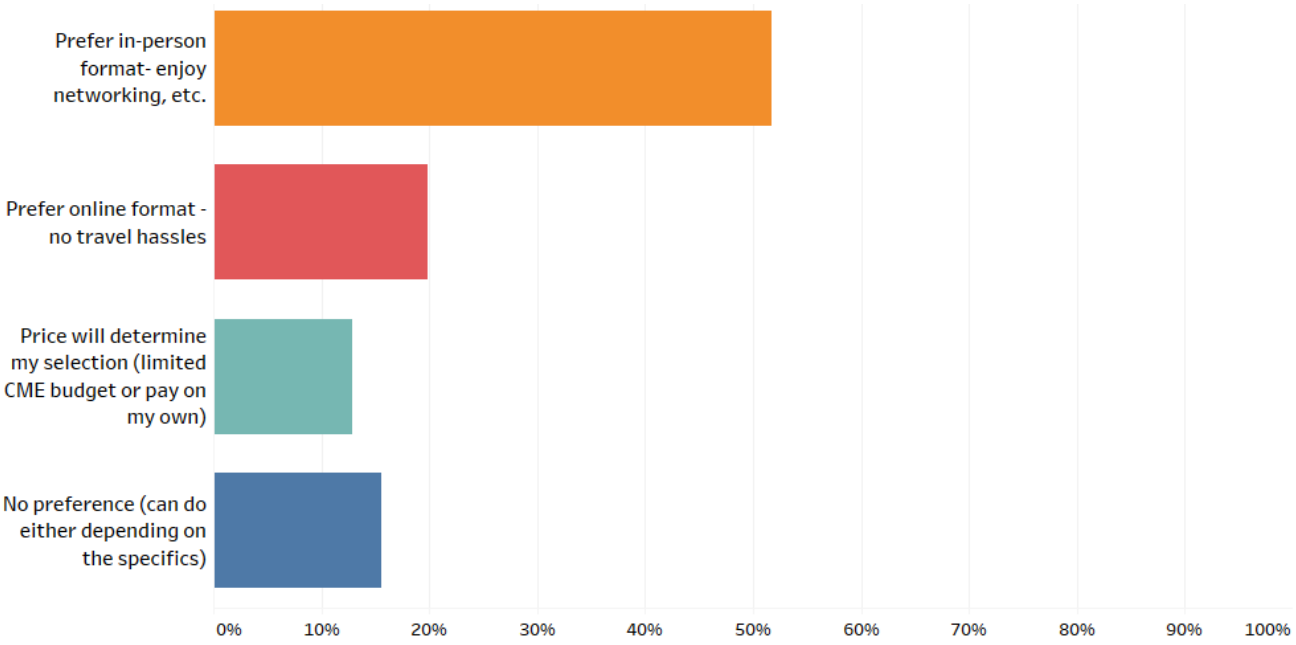
This question was created to refine awareness of the ACPA's newest modality of education. Essentially half of the respondents have participated in the online town halls while half have not. Of those who did not, two-thirds have at least heard of them but have not personally participated and one-third have neither heard of nor participated in the online town halls.



2023 assessment: Despite the town halls being intermittently hosted since June 2021, only half of the respondents have participated in any of them. We hope that those who have not taken advantage of this free educational opportunity proceed to do so in the year to come.

Q27. WHAT IS YOUR PREFERRED FORMAT FOR NPAC (NATIONAL PHYSICIAN ADVISOR CONFERENCE)? – NEW QUESTION IN 2023

Following the PHE impact, ACPA feels it is important to assess attitudes in relation to in-person meetings and conferences. It appears that just over half (52%) prefer in-person events while 20% selected preference for an online option. Price would be the deciding factor for 13% and the remaining 15% expressed no preference either way.

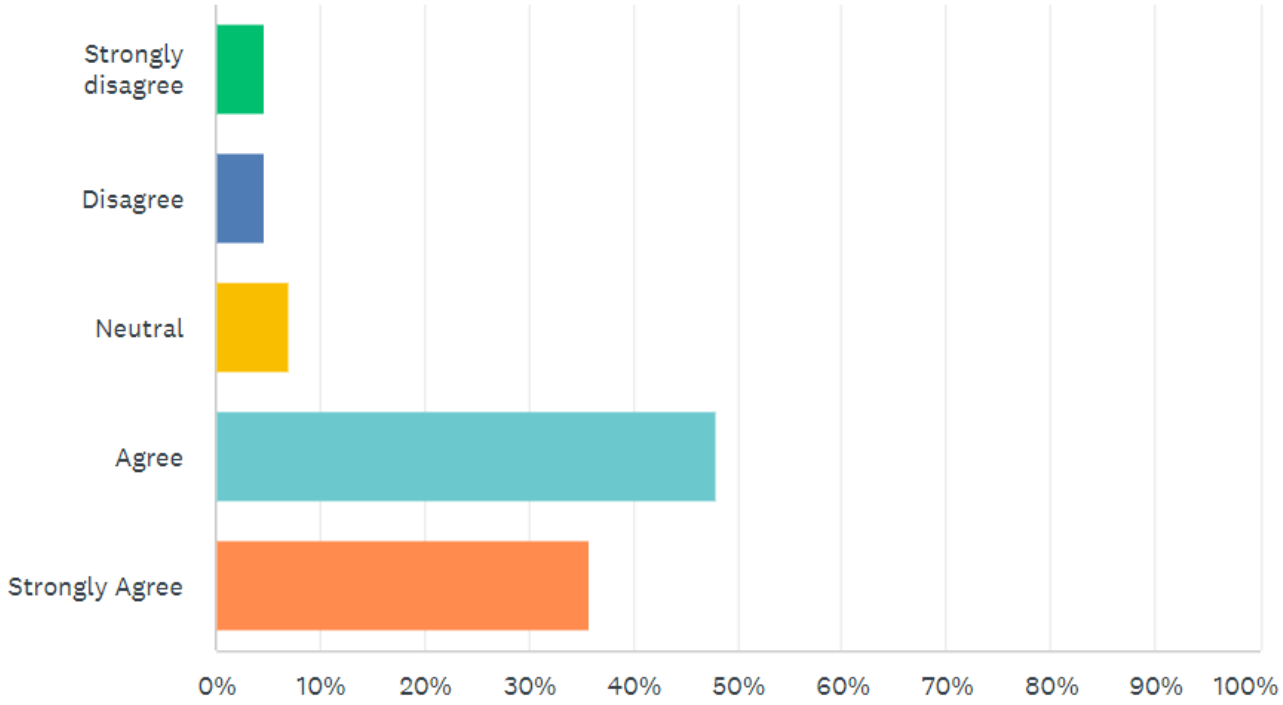


2023 assessment: While NPAC 2024 is already scheduled to take place in Coronado, California, these results demonstrate the importance of ACPA continuing to provide an alternative remote option while being mindful of pricing.

PART II: PERSONAL WELLBEING

Q28. OVERALL, I AM SATISFIED WITH MY CURRENT JOB

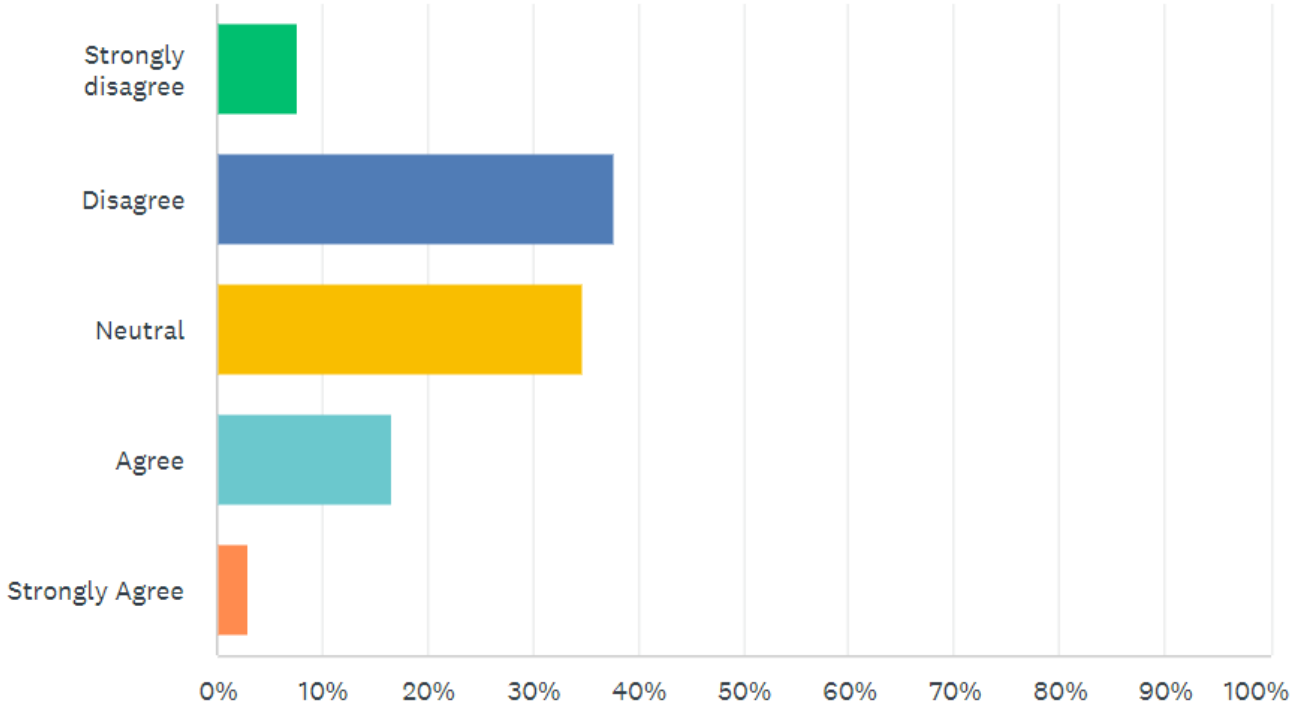
Most of the respondents continue to agree (47%) or strongly agree (36%) with this statement and the percentages have barely changed since 2021. Similarly, only a minority – less than 5% in each group – "strongly disagree" or "disagree" with it.



2021 to 2023 change: The percentages of job satisfaction or dissatisfaction have essentially not changed since 2021. It is heartening to see that most physician advisors are satisfied with their jobs.

Q29. I FEEL A GREAT DEAL OF STRESS BECAUSE OF MY JOB.

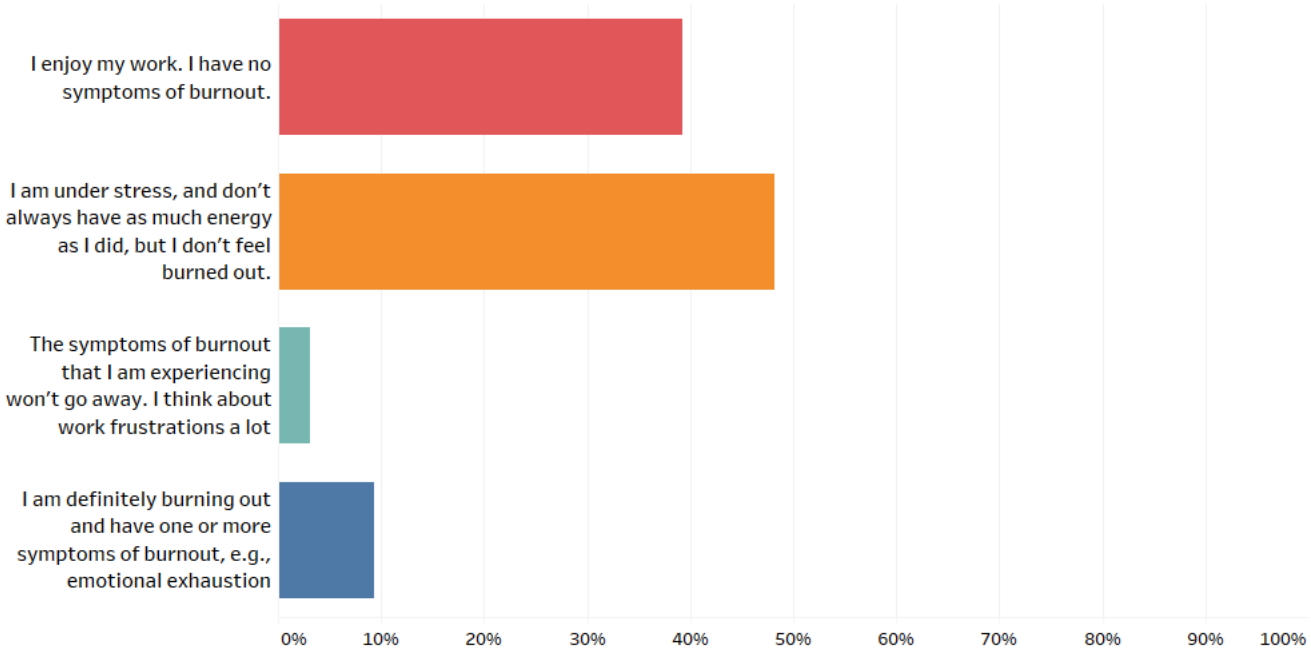
As in 2021, the largest group of respondents in the current survey (38%) disagree with this statement. 35% felt neutral about this while on the extreme ends, about 8% strongly disagree and unfortunately, 3% strongly agree.



2021 to 2023 change: There is no meaningful shift in responses to this question from 2021. The way people feel about their jobs remains remarkably consistent as compared to two years ago. Again, it is nice to notice that only about one in 32 (3.1%) related a great deal of stress because of their job.

Q30. PRESENCE OF SELF-DEFINED BURNOUT:

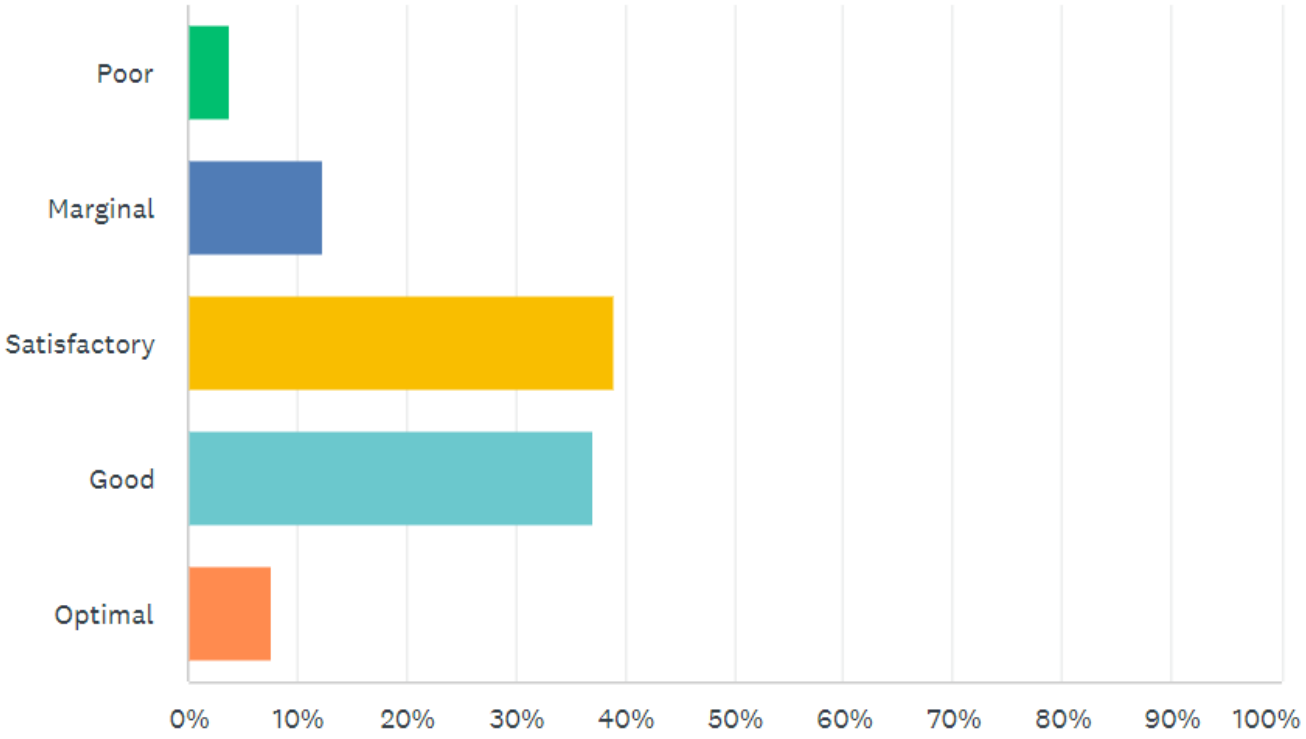
As if to reinforce the results of the previous question, essentially 40% stated that they enjoy their work and denied having any symptoms of burnout. However, the biggest group (48%) admitted to some stress symptoms that have not yet crossed into the burnout threshold. Of concern, 12% are subject to burnout, 9% acknowledge they are burning out, and 3% are experiencing persistent burnout symptoms.



2021 to 2023 change: These numbers have not meaningfully changed from the 2021 survey. While 40% don't experience any symptoms of burnout, we need to recognize that the majority of physician advisors are experiencing symptoms ranging from just the presence of stress all the way to persistent burnout.

Q31. MY CONTROL OVER MY WORKLOAD IS:

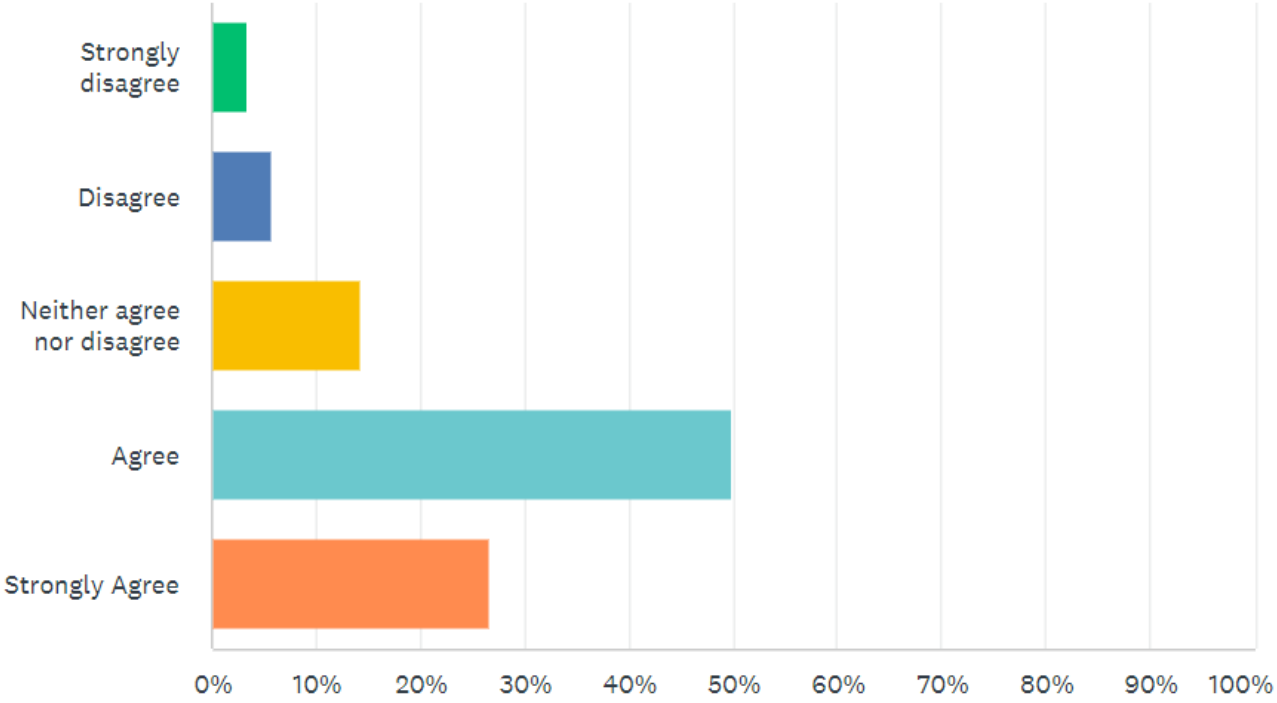
Happily, the vast majority of physician advisors feel they have acceptable levels of autonomy over their workload ranging from "optimal" (8%) to "good" (37%) and "satisfactory" (39%). However, a sizable minority of respondents are not where they would like to be with 12% reporting marginal control and nearly 4% reporting poor control over their workloads.



2021 to 2023 change: Again, there is no meaningful change in these numbers since 2021. However, it begs the question of correlation: are 4% of the folks with poor autonomy control the same over 3% who are experiencing persistent symptoms of burnout? While work may never stop, setting boundaries and prioritizing self-care is imperative.

Q32. MY PROFESSIONAL VALUES ARE WELL ALIGNED WITH THOSE OF MY DEPARTMENT LEADERS. – NEW QUESTION IN 2023

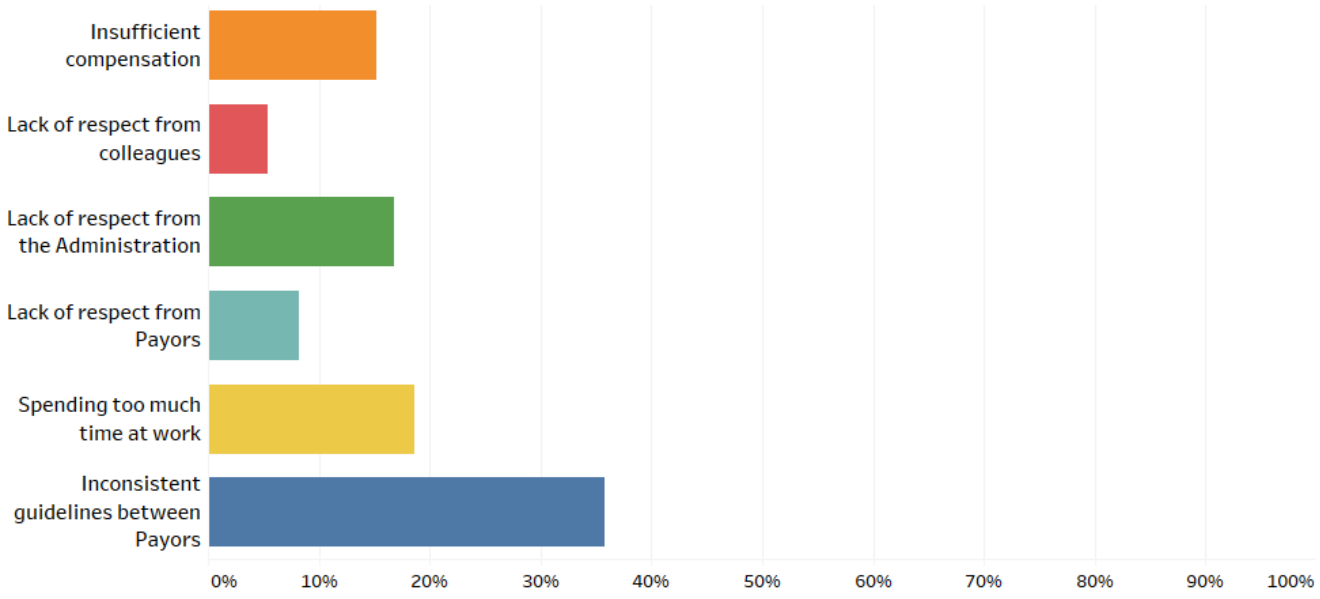
Fortunately, an overwhelming majority of respondents have either agreed (50%) or strongly agreed (27%) with this statement. Nearly 14% remain neutral but over 9% have either strongly disagreed (3.5%) or disagreed (5.8%) with it.



2023 assessment: Similar to lacking autonomy over workload control, lack of values alignment with one's leadership team is one of the crucial factors leading to the development of burnout. It should be recognized early and acted upon appropriately to forestall burnout. It is, however, very encouraging that over three-fourths of physician advisors state their leadership is aligned with their values.

Q33. WHAT CONTRIBUTES THE MOST TO YOUR FEELINGS OF BURNOUT?

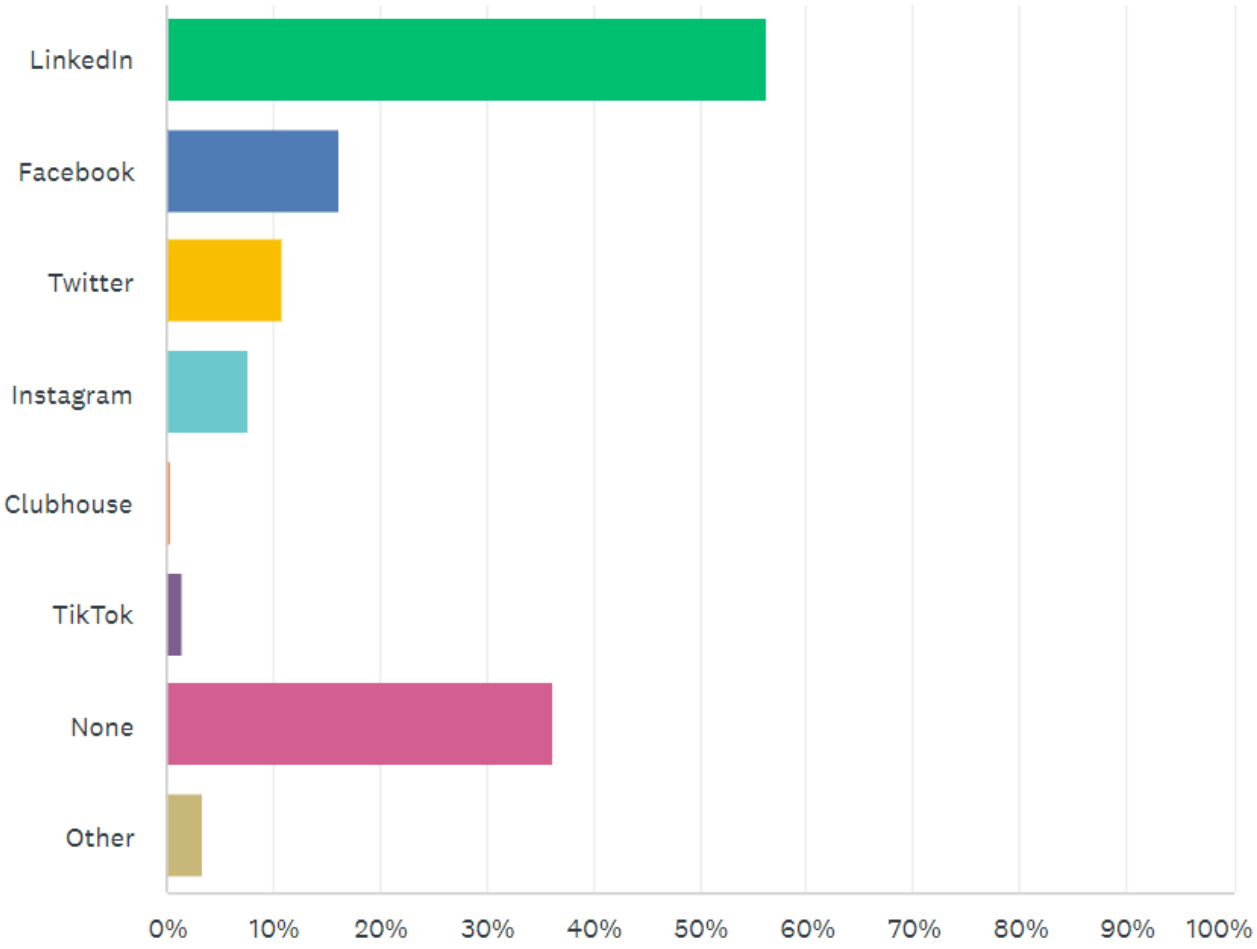
Systemic issues such as inconsistency amongst payors, too much time at work, and lack of respect from administration were again the leading dissatisfiers for physician advisors. Insufficient compensation was only fourth on the list. Unfortunately, 5.5% noted a lack of respect from colleagues as one of the leading causes of burnout.



2021 to 2023 change: Systemic issues and time commitment are the leading causes of burnout feelings with compensation being only fourth on the list. It is sad that we must acknowledge colleagues' disrespect as a cause, even if only serving as a small percentage.

Q34. USE OF SOCIAL MEDIA PLATFORMS FOR PROFESSIONAL ACTIVITIES:

LinkedIn continues to be the dominant platform for the majority (56%) followed by Facebook and Twitter (16% and 11% respectively). Other platforms have slightly increased their presence but what is notable is that more than a third (36%) have acknowledged not using any social media platforms at all.



2021 to 2023 change: While LinkedIn remains the most popular platform, the rise of the newcomers (Clubhouse, TikTok, etc.) has somewhat eroded the popularity of the "big name" players.
However, it is quite unexpected that one third of our colleagues report using no social media platforms at all. This demands future trending with an expectation of an eventual wider adoption of social media.

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***While the best effort is made to ensure the validity of the analysis, there may be unintentional computational errors.**

Compiled by Alvin Gore, MD, Physician Advisor Survey Champion for the American College of Physician Advisors and Director of Utilization Management at Providence St. Joseph's Health in California.

Special thanks to Dorian Simons, Senior Business Analyst at Providence, for helping to prepare this report.