



September 25, 2011

Physician earnings remain flat

By Beth Thomas Hertz

Despite a tough economic environment, physicians still find satisfaction in practicing medicine

Physicians saw a mixed earnings picture in 2010, and it will have implications for the rest of this year and beyond. Those who are heavily reliant on government reimbursement face tighter budgets and more uncertainty. Those who have a more diverse practice mix, however, including more private pay patients and some unique offerings, are feeling a little better, according to *Medical Economics'* 2011 Exclusive Physician Earnings Survey.

What primary care physicians earn

	FPCPs		Internists		Bryans		Pediatricians	
	2009	2010	2009	2010	2009	2010	2009	2010
WAS WORSE	25%	25%	21%	23%	19%	20%	23%	21%
BETTER	16%	17%	12%	12%	6%	6%	17%	16%
ABOUT THE SAME	59%	58%	67%	65%	75%	74%	60%	63%
NO CHANGE	12%	10%	14%	10%	6%	7%	10%	11%
WAS BETTER	12%	16%	13%	10%	23%	20%	16%	16%
NO CHANGE	7%	9%	6%	7%	12%	12%	6%	7%
BETTER	2%	3%	4%	4%	10%	10%	3%	4%
NO CHANGE	2%	2%	3%	4%	4%	4%	2%	2%
WAS WORSE	2%	4%	4%	3%	12%	12%	3%	4%

These mixed results are reflected in the respondents' answers to the question of how their practice is doing financially as compared with a year ago. Nearly two in five (39%) said their practices were doing worse, 14% said things were better, and 43% said they were about the same. Those numbers are somewhat better than those from 2009, when 46% reported things had gotten worse in the past year, 12% said things were better, and 37% reported no change. On average, primary care earnings were mostly unchanged from 2009 to 2010.

Several primary care doctors who participated in follow-up interviews this year said they believe their specialty is undervalued but expressed optimism that might change as their role in holding down healthcare costs by coordinating care becomes more appreciated. Others are less sure.

Matthew Finneran, MD, of Wadsworth, Ohio, is committed to creating a patient-centered medical home in his family medicine and geriatrics practice despite the financial barriers.

Matthew Finneran, MD

"My mantra is to take care of the whole patient," Finneran says. "Right now, we only get paid for episodic encounters, not for disease management. Reimbursement for direct physician encounters has to cover the salary of everyone else on the team."

He notes that many younger physicians want to get paid for everything they do, such as phone care and reviewing lab results. "In the past, we could absorb those costs, but we can't now," he says. "The aging population requires more care. Drug management alone takes hours."

Finneran, who is active in family medicine organizations and a past president of the Ohio Academy of Family Physicians (1999-2000), advocates that paying primary care providers fairly for all of their work is good for doctors, insurers, and patients.

"It's the best opportunity for a win-win in our system today," he says.

PHYSICIAN SALARIES

Overall, primary care incomes did not change much from 2009 to 2010. The median income for family physicians, general practitioners, and internists was the same both years, \$163,000. The mean income moved down slightly, from \$181,000 to \$180,000.

Physicians without an ownership interest in their practice had a mean reported income for 2010 of \$207,000. The median was \$188,000. The highest mean income among primary care providers without an ownership interest in their practice was for obstetricians/gynecologists at \$257,000 (median, \$263,000), followed by internists at \$199,999 (median, \$188,000), FPs/GPs at \$175,000 (median, \$163,000), and pediatricians at \$153,000 (median, \$135,000).

Those with an ownership interest in their practice reported a mean net income/take-home pay for 2010 of \$242,000, with a median of \$213,000. ob/gyns with an ownership interest reported a mean income of \$249,000 (\$213,000 median), followed by pediatricians at \$205,000 (median, \$188,000), internists at \$192,000 (median, \$188,000), and FPs/GPs at \$181,000 (median, \$163,000).

When combining the measurements for reported income (non-ownership interest) and total net income/take home pay (ownership interest) for 2010, the mean was \$224,000, with a median of \$188,000. ob/gyns continue to lead in this category, at \$253,000 (\$238,000 median), followed by internists at \$195,000 (median, \$188,000), FPs/GPs at \$178,000 (median, \$163,000), and pediatricians at \$175,000 (median, \$163,000).

About half of practicing physicians (49%) have an ownership interest in their practices, and the other half (51%) are employees of a corporation, hospital, or practice (income through paychecks and bonuses only).

WORKING HARDER

Many physicians report that their response to shrinking reimbursements and growing time demands is simply to work harder.

"Until society buys into the idea of paying primary care doctors for what they are really providing, we have no choice," Finneran says. "Specialists make more money than we do and generally have lower expenses. We need more emphasis on primary care and our role in keeping patients out of the hospital and out of specialists' offices."

One physician who is definitely working harder is Ellen Remenchik, MD, of Longview, Texas.

"I am usually at the hospital or office until 9 p.m. on week nights," says Remenchik, who has been an internist for 27 years. "[It takes] very long hours to survive in medicine nowadays."

She relocated her solo practice recently, and it took 8 months for her to get a new Medicare number. "The bureaucracy was absolutely incredible, and my practice is 80% Medicare," she says. "It was not a good year."

She doesn't see significantly better years ahead, as demand for care is unlimited while funding is not.

"We haven't figured out how to fairly allocate resources in our society," Remenchik says. "The whole notion of Obama's healthcare reform is to put a lot of people in Medicaid by 2014, but no one wants to fund Medicaid," especially her governor, Rick Perry, who is running for president. "What's the point of putting people in Medicaid if

Earnings by region

	Northeast		Midwest		South		West	
	2009	2010	2009	2010	2009	2010	2009	2010
Less Than \$120,000	21%	22%	20%	18%	20%	20%	22%	20%
\$120,000 to \$140,000	11%	12%	11%	12%	11%	12%	12%	11%
\$140,000 to \$174,000	12%	10%	12%	12%	12%	11%	10%	11%
\$175,000 to \$180,000	11%	10%	11%	11%	11%	11%	12%	10%
\$180,000 to \$240,000	11%	12%	12%	12%	10%	10%	10%	10%
\$250,000 to \$290,000	4%	4%	4%	11%	10%	7%	2%	4%
\$300,000 to \$340,000	7%	4%	4%	4%	2%	4%	2%	2%
\$350,000 to \$400,000	6%	6%	3%	2%	4%	2%	2%	5%
\$400,000 or more	10%	10%	6%	11%	6%	10%	6%	10%

Earnings by community

	Metropolitan		Urban		Suburban		Rural	
	2009	2010	2009	2010	2009	2010	2009	2010
Less Than \$120,000	25%	26%	27%	27%	18%	20%	20%	16%
\$120,000 to \$140,000	14%	14%	12%	11%	11%	12%	12%	12%
\$140,000 to \$174,000	11%	12%	11%	11%	11%	11%	12%	12%
\$175,000 to \$180,000	10%	10%	11%	11%	10%	10%	11%	12%
\$180,000 to \$240,000	14%	11%	14%	14%	10%	10%	20%	10%
\$250,000 to \$290,000	4%	4%	4%	11%	4%	4%	4%	4%
\$300,000 to \$340,000	4%	4%	2%	4%	4%	2%	4%	2%
\$350,000 to \$400,000	2%	4%	4%	4%	4%	4%	4%	4%
\$400,000 or more	6%	6%	11%	12%	10%	10%	6%	2%

Physician compensation in 2010 by practice size

	Solo	Expense sharing	2	3 to 10	11 to 25	26 to 50	More Than 50
Less Than \$200,000	15	8	9	5	7	11	4
\$200,000 to \$110,000	15	13	15	10	7	6	5
\$120,000 to \$140,000	12	8	10	10	15	10	9
\$150,000 to \$174,000	8	6	10	10	14	9	11
\$175,000 to \$190,000	8	6	12	10	13	12	10
\$200,000 to \$240,000	13	12	13	15	17	10	10
\$250,000 to \$290,000	7	12	7	9	9	9	12
\$300,000 to \$340,000	5	6	10	9	6	11	4
\$350,000 to \$400,000	3	4	3	5	3	4	7
\$400,000 or more	10	16	9	11	8	9	12

you don't fund it?"

Although Remenchik sometimes dreams of a career in which she didn't have to work 12 to 14 hours a day just to keep up, she still takes great pride in her work.

"There will always be sick people, and at least I know I'm doing something positive for society," she says.

REFUSING TO COMPROMISE

Amir Koohestani, DO, who practices family medicine and functional medicine in Richfield, North Carolina, resists the pressure to see a high volume of patients instead of having longer, more comprehensive visits.

"We all have ideals that we want to help people, but we have lost our way," he says. "Three- or 5- or 7-minute visits are not enough to manage problems like depression. We need to get to the causes. Has there been abuse? Does the patient have financial problems? Are there genetic causes? We shouldn't treat all of these the same way, but we do."

Taking the time for extended patient visits sometimes earns him phone calls from his hospital employers. "When they ask me why another doctor sees more patients than me, I tell them, 'He's better than me,'" Koohestani says.

"That usually stops them for at least a minute," he adds with a laugh.

Koohestani describes his functional medicine work as helping "people who are sick and tired of being sick and tired."

Demand for these types of visits is growing, and he is thankful the hospital lets him do it. "I bill for my time," he explains. "I order extended lab testing and need to have longer conversations with my patients, and I bill higher for that. I see one patient per hour instead of six.

"I don't keep giving patients a fish every 3 months. I teach them to fish," he adds. "For example, many patients with diabetes can be cured of their problems if you show them the way, but it takes time. My pay is probably not any higher because I get fewer bonuses, but my satisfaction is much higher."

TIME DRAINS

Robert Dow, DO, a family practitioner from Londonderry, New Hampshire, says that one of the biggest time drains for him is paperwork. Completing disability paperwork, prior authorizations, and multiple variations of a form for the same patient reduces the time he has to see patients. Elizabeth Edmunds, MD

"We have so much more to do outside of actually practicing medicine," he says.

He says his practice finances were a little better in 2010 than 2009, however. "I have tried to focus on promoting what I do uniquely, which is osteopathic manipulations in children," he says. "Not many other providers in the area offer this."

He feels that the most important thing the government can do to help primary care doctors is end the uncertainties about reimbursements for Medicare and Medicaid.

"The questions hanging over the future are hard. We are lucky to have a lot of private payers in our practice, but what if you don't?" Dow says. "Having more security will lure more doctors into primary care."

Earnings by age

	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65+
Less than \$74,000	36%	36%	38%	35%	35%	33%	23%	30%
\$74,000 to \$118,000	35%	34%	31%	32%	38%	33%	32%	30%
\$118,000 to \$154,000	35%	32%	31%	30%	31%	31%	31%	30%
\$154,000 to \$199,000	32%	31%	30%	31%	31%	30%	30%	30%
\$199,000 to \$244,000	32%	34%	30%	30%	30%	30%	31%	30%
\$244,000 to \$289,000	2%	0%	30%	0%	30%	0%	0%	0%
\$289,000 to \$334,000	2%	0%	30%	0%	30%	0%	0%	0%
\$334,000 to \$379,000	1%	0%	30%	0%	30%	0%	0%	2%
\$379,000 or more	1%	0%	30%	16%	30%	32%	31%	0%

Earnings by gender

	Men	Women
Less than \$120,000	17%	30%
\$120,000 to \$149,999	10%	36%
\$150,000 to \$174,999	9%	32%
\$175,000 to \$199,999	10%	33%
\$200,000 to \$249,999	16%	32%
\$250,000 to \$299,999	10%	6%
\$300,000 to \$349,999	9%	6%
\$350,000 to \$399,999	5%	2%
\$400,000 or more	14%	4%

It could also ease the stresses that lead practices to operate with a very lean staff. The hospital that owns his practice recently had to cut three staff positions—one medical assistant and two patient service representatives—despite having enough patient volume to hire another physician.

"Patients feel it when their phone calls aren't answered quickly and they face longer on-hold times," Dow says. "It's hard work for staff to keep up."

LOOKING TO RETIRE

Earnings by years in practice

	2 or less	3 to 5	6 to 10	11 to 20	21 to 30	More than 30
Less than \$120,000	40%	18%	17%	12%	16%	28%
\$120,000 to \$149,999	11%	18%	12%	12%	11%	11%
\$150,000 to \$174,999	12%	14%	12%	10%	9%	8%
\$175,000 to \$199,999	12%	10%	12%	10%	10%	9%
\$200,000 to \$249,999	8%	12%	15%	10%	10%	14%
\$250,000 to \$299,999	7%	9%	9%	8%	10%	8%
\$300,000 to \$349,999	1%	6%	9%	9%	8%	6%
\$350,000 to \$399,999	1%	2%	2%	5%	5%	2%
\$400,000 or more	0%	0%	0%	11%	12%	8%

For some doctors, however, working harder just isn't doing the trick. Elizabeth H. Edmunds, MD, 70, who has a solo family medicine practice in Reading, Pennsylvania, had an employee leave without notice recently, sending her looking for a replacement quickly.

"It is very difficult to run a business today with the cutbacks in payments," she says. "My income is at an all-time low, about two-thirds of what I used to earn and less than \$100,000 per year. Because of that, I cannot offer the salary and benefits needed to get really good employees. There are times when I cannot even give myself a paycheck because the funds are not there."

She has 30.5 scheduled office hours each week and spends at least another 20 to 25 on paperwork, in addition to nursing home rounds and meetings.

"I have stopped having Saturday hours as I am too tired," she says.

Financial state of progress

Better than a year ago	14%
About the same	43%
Worse than a year ago	39%
No answer	4%

Ancillary services

Services offered	% of respondents who offer it
Lab services	47%
Electrocardiography	41%
Diabetes	38%
Endoscopy	25%
Imaging	25%
Medical consulting	26%
Wound monitoring	18%
Acupuncture	15%
Genetic services	11%
Drug dispensing	12%

She still encourages students who are truly committed to caring for patients to pursue family medicine because of the gratification she gets from her relationships with her patients, but she cautions against solo practice.

"They will have better pay if they are employed. Solo practice is a thing of the past but gave patients a personal relationship with their physician, and the physician knew the whole family," she says.

She implemented an electronic health record system in July 2006 but has yet to receive any money from the incentive payment the government offered.

Rick Morgan, DO

"It has really hurt my income," Edmunds says. "Fortunately, I am at the end of my career and looking to retire in 2012, as soon as the hospital can assume my practice."

NONMONETARY REWARDS

Rick Morgan, DO, a family medicine and urgent care practitioner in Bullhead City, Arizona, agrees that even through tough times, the profession still holds the potential to deliver enormous personal satisfaction.

"The one thing which hasn't changed in 20 years of medicine is that to be happy, you have to be genuinely dedicated to helping the patient and the community," Morgan says. "The financial reimbursement has decreased, but the emotional and spiritual payment has remained or increased as the demand for committed FP doctors has increased."

"I enjoy teaching student doctors and physician assistants, and this helps keep medicine challenging and exciting," he adds.

Specialists earn more but "good primary care is more important to saving money and lives," he says.

Send your feedback to medec@advanstar.com [medec@advanstar.com]

DO YOU REGRET: YOUR CAREER CHOICE?

Reimbursements are down, expenses are up, and patient volumes are higher than ever. Who would choose this as a career path if they had the chance to do it all over again?

Actually, 83% of you said you would in the Medical Economics 2011 Physician Earnings Survey, although about a fourth of that group thinks the grass might be greener in another specialty. Just 16% of respondents would choose a nonmedical career entirely.

Dermatologists, cardiologists, and pediatricians were most likely to say they would choose their specialty again, at 90%, 78%, and 73%, respectively.

The least likely to make that decision were hospitalists (53%) and internists (50%).

The age group least likely to want to choose a different career was over age 65, only 10% of whom would choose a career other than medicine if they could.

Least likely to want to stay in the same specialty were physicians in the thick of their careers, from age 50 to 54 (59%), followed closely by those aged 45 to 49 (60%) and 50 to 54 (61%). The most likely to choose their specialty again? Those at opposite ends of their working years: under age 30 (77%) and age 30 to 34 (75%), and the over-65 group (71%).

Men and women were equally likely to say they would choose the same specialty again (both at 64%), but women were slightly more likely to say they would not go into medicine at all (18%, compared with 15% of men).

Regionally, doctors in the Midwest would be most likely to choose the same specialty (67%), with doctors in the Northeast the least likely (62%). Inner-city physicians would make the same choice 72% of the time, followed by those in urban settings (66%), suburban areas (62%), and rural areas (61%).

The number of hours physicians regularly work has an impact on their perception of whether they made a good career choice. Doctors who worked 31 to 40 hours per week reported being most likely to choose the same career path again (68%). Those who work more than 90 hours per week said yes only 55% of the time.

Practice ownership didn't seem to have much impact on willingness to choose the same specialty again, and neither did average patient visits. Perhaps not surprisingly, however, being well compensated did. Of those who reported earning more than \$500,000 per year, 81% said they would choose the same specialty again. That number dropped to 77% among physicians earning \$400,000 to \$499,999 and fell to 59% for those making under \$60,000.

About half of practicing physicians (46%) would recommend that their child or a friend's child pursue a career in medicine. About 24% are unsure, and 30% would not recommend it.

Physicians' reported concerns

- Fees and reimbursement/third-party payments (**73%**)
 - Healthcare reform (**54%**)
 - The value of primary care versus specialty care and use of midlevels (**45%**)
 - Doctor shortage (**27%**)
 - Electronic health records (**19%**)
 - Accountable care organizations (**14%**)
-

ABOUT THE SURVEY

This was the 83rd Annual Physician Survey conducted by *Medical Economics*. The survey sample consisted of more than 140,000 physicians, from a *Medical Economics* and those of her sister publications— *Contemporary Pediatrics*, *Contemporary OB/GYN*, *Dermatology Times*, *Urology Times*, *Ophthalmology Times*, and *Cosmetic Surgery Times*.

The survey took place via the Internet in June. More than 5,000 responses were included, all from physicians who indicated they are actively practicing and their primary field of practice is not academic/research. From these, 4,200 respondents were randomly selected for the final tabulation.

Percentages are subject to a margin of error of $\pm 1.5\%$ at the 95% confidence level.

The response was tabulated by Readex in accordance with accepted research standards and practices.

WHO PARTICIPATED

Wide national representation is reflected in the respondent base. About equal proportions of respondents indicated they practice in the U.S. census regions Northeast (21%), Midwest (21%), and West (22%).

About one-half are located in suburban areas (47%), with about one-third located in either urban communities (29%) or the inner city (7%). About one in six are located in rural areas (17%).

Twenty-seven percent reported being in solo practice. Among those in group practices, the most common ownership group size is three to 10 physicians (27%). Sixteen percent are in groups of 11 to 50, and 16% are with groups of more than 50 physicians.

Most practicing physicians are in single-specialty practices (71%). This incidence remains about the same across all fields of practice. At the low end, 61% of hospitalists are in single-specialty practices. At the high end, 85% of those in gastroenterology and 80% in plastic surgery are single-specialty.

Overall, the survey found that practicing physicians are highly experienced. Three-quarters (77%) have been in practice more than 10 years, including nearly half (49%) in practice for more than 20 years. Correspondingly, 59% are over 50 years of age, including 25% at age 60 or over. Only 6% are under age 35. The median respondent has 21 years of experience and is 53 years old.

The survey found that about two-thirds of practicing physicians are male (69%) and one-third are female (30%). Representation of women increases substantially among younger age cohorts: 40 to 49 (38% female), 35 to 39 (40%), and under 35 (51%).

INSURANCE COVERAGE

Insurance coverage was examined from two perspectives, percentage of patients covered under each type and

percentage of revenues derived from each. Average figures for both measurements were found to be similar.

About 45% of patients came from private health plans with about 49% of revenue being derived from them. Medicare accounted for 23% of patients and of revenue, and Medicaid was 19% of patients and 16.5% of revenue.

About 6% of patients were private pay/uninsured patients, accounting for 4% of revenue, on average.

The number of patient visits per week by type of insurance coverage was also investigated, and results generally followed the pattern seen above. Private health plans account for the largest segment, on average nearly twice as large as any other.

Private plans accounted for an average of 32.7 visits per week, with Medicare at 18.9 visits, Medicaid at 14.5, private pay at 6.0, and uninsured at 4.9.

What primary care physicians earn

	FPs/GPs		Internists		Ob/gyns		Pediatricians	
	2009	2010	2009	2010	2009	2010	2009	2010
Less than \$120,000	24%	24%	21%	21%	19%	19%	23%	27%
\$120,000 to \$149,999	18%	17%	12%	13%	6%	8%	17%	18%
\$150,000 to \$174,999	16%	15%	20%	12%	8%	5%	13%	12%
\$175,000 to \$199,999	12%	13%	14%	15%	9%	7%	12%	11%
\$200,000 to \$249,999	13%	15%	13%	16%	21%	16%	15%	15%
\$250,000 to \$299,999	7%	5%	6%	7%	13%	13%	8%	7%
\$300,000 to \$349,999	3%	5%	4%	6%	10%	13%	5%	4%
\$350,000 to \$399,999	2%	2%	1%	4%	6%	6%	2%	2%
\$400,000 or more	2%	4%	4%	3%	12%	13%	3%	4%

Earnings by region

	Northeast		Midwest		South		West	
	2009	2010	2009	2010	2009	2010	2009	2010
Less than \$120,000	21%	23%	16%	18%	19%	20%	23%	23%
\$120,000 to \$149,999	11%	13%	11%	12%	12%	12%	13%	12%
\$150,000 to \$174,999	12%	10%	12%	12%	12%	9%	10%	9%
\$175,000 to \$199,999	11%	10%	11%	9%	9%	11%	12%	10%
\$200,000 to \$249,999	15%	13%	17%	17%	15%	16%	15%	16%
\$250,000 to \$299,999	6%	8%	9%	11%	10%	7%	7%	9%
\$300,000 to \$349,999	7%	8%	9%	6%	7%	8%	7%	7%
\$350,000 to \$399,999	5%	5%	3%	3%	4%	3%	3%	5%
\$400,000 or more	10%	10%	9%	11%	9%	10%	8%	10%

Matthew Finneran, MD

Earnings by community

	Inner city		Urban		Suburban		Rural	
	2009	2010	2009	2010	2009	2010	2009	2010
Less than \$120,000	25%	28%	21%	22%	19%	20%	20%	18%
\$120,000 to \$149,999	14%	14%	12%	11%	11%	12%	12%	13%
\$150,000 to \$174,999	15%	12%	11%	9%	11%	9%	12%	12%
\$175,000 to \$199,999	9%	10%	11%	9%	10%	10%	11%	12%
\$200,000 to \$249,999	14%	11%	14%	14%	16%	15%	20%	18%
\$250,000 to \$299,999	8%	9%	8%	9%	8%	9%	8%	9%
\$300,000 to \$349,999	4%	6%	7%	8%	8%	7%	8%	7%
\$350,000 to \$399,999	2%	4%	4%	5%	4%	4%	3%	3%
\$400,000 or more	6%	5%	11%	12%	10%	11%	9%	7%

Physician compensation in 2010 by practice size

	Solo	Expense sharing	2	3 to 10	11 to 25	26 to 50	More than 50
Less than \$80,000	18	8	9	5	7	11	8
\$80,000 to \$119,999	15	13	15	10	7	6	5
\$120,000 to \$149,999	12	8	10	14	15	10	9
\$150,000 to \$174,999	8	8	10	10	14	9	11
\$175,000 to \$199,999	8	8	12	10	13	12	10
\$200,000 to \$249,999	13	12	13	15	17	18	19
\$250,000 to \$299,999	7	12	7	9	9	9	12
\$300,000 to \$349,999	5	9	10	9	6	11	8
\$350,000 to \$399,999	3	4	3	5	3	4	7
\$400,000 or more	10	16	9	11	8	9	12

Earnings by age

	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65+
Less than \$120,000	35%	16%	19%	15%	15%	17%	21%	39%
\$120,000 to \$149,999	15%	14%	11%	12%	10%	13%	12%	10%
\$150,000 to \$174,999	15%	13%	11%	10%	9%	9%	9%	8%
\$175,000 to \$199,999	12%	11%	10%	11%	11%	10%	10%	9%
\$200,000 to \$249,999	12%	14%	16%	16%	19%	15%	17%	9%
\$250,000 to \$299,999	7%	9%	10%	8%	10%	9%	8%	8%
\$300,000 to \$349,999	3%	8%	10%	9%	8%	9%	8%	5%
\$350,000 to \$399,999	1%	4%	3%	5%	5%	5%	5%	2%
\$400,000 or more	1%	9%	10%	14%	14%	12%	11%	8%

Earnings by gender

	Men	Women
Less than \$120,000	17%	30%
\$120,000 to \$149,999	10%	16%
\$150,000 to \$174,999	9%	12%
\$175,000 to \$199,999	10%	10%
\$200,000 to \$249,999	16%	12%
\$250,000 to \$299,999	10%	6%
\$300,000 to \$349,999	9%	6%
\$350,000 to \$399,999	5%	2%
\$400,000 or more	14%	4%

Earnings by years in practice

	2 or less	3 to 5	6 to 10	11 to 20	21 to 30	More than 30
Less than \$120,000	46%	19%	17%	17%	16%	29%
\$120,000 to \$149,999	11%	18%	12%	12%	11%	11%
\$150,000 to \$174,999	12%	16%	12%	10%	9%	8%
\$175,000 to \$199,999	12%	10%	12%	10%	10%	9%
\$200,000 to \$249,999	8%	12%	15%	15%	18%	14%
\$250,000 to \$299,999	7%	9%	9%	8%	10%	8%
\$300,000 to \$349,999	1%	6%	9%	9%	8%	6%
\$350,000 to \$399,999	1%	2%	3%	5%	5%	3%
\$400,000 or more	0%	6%	9%	11%	12%	8%

Ancillary services

Services offered	% of respondents who offer it
Lab services	47%
Electrocardiography	43%
Spirometry	30%
Radiology	25%
Imaging	25%
Nutritional counseling	20%
Holter monitoring	16%
Densitometry	15%
Cosmetic/aesthetic	11%
Drug dispensing	12%

Ellen Remenchik, MD

Robert Dow, DO

Elizabeth Edmunds, MD

Rick Morgan, DO