

# Survey: ObGyns' salaries rose slightly in 2013

➔ Other findings: Male ObGyns still make more than their female counterparts (but women are more satisfied); those who are self-employed make more than those who are employed; and almost half expect their incomes to drop because of the Affordable Care Act

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The 2014 Medscape Compensation Report surveyed more than 24,000 physicians in 25 specialties. Five percent of respondents were ObGyns, whose mean income rose slightly to \$243,000 in 2013 from \$242,000 in 2012, up from \$220,000 in 2011.<sup>1-3</sup> The highest ObGyn earners lived in the Great Lakes and North Central regions.<sup>1</sup>

## Survey findings

Men make more than women. In 2013, male ObGyns reported earning \$256,000; female ObGyns reported \$229,000 in mean income. However, women felt more satisfied with their salary (47% of women vs 38% of men). Regardless of gender, ObGyns were slightly less happy with their income than all physicians (50% satisfied).<sup>1</sup>

Among all female physicians, more were employed than self-employed; the opposite was true for male physicians.<sup>4</sup> Half of all graduating physicians are now female, and demographics show that 62% of all female physicians are younger than age 45.<sup>1</sup>

Practice settings are key to income. Sixty percent of ObGyns indicated they would choose medicine again as a career; 43% would choose their own specialty. However, only 25% of ObGyns would make the same decision about practice setting.<sup>1</sup>

In 2013, employed and self-employed ObGyns reported nearly the same mean

income: \$243,000 versus \$246,000, respectively. However, when broken down by specific practice setting, the highest earners were ObGyns who worked for health-care organizations, at \$273,000. Additional 2013 mean earnings ranked by work setting were<sup>1</sup>:

- multispecialty office-based group practices, \$271,000
- single-specialty office-based group practices, \$255,000
- hospitals, \$228,000
- solo office-based practices, \$212,000
- outpatient clinics, \$207,000.

In 2013, 49% of employed physicians worked in hospitals or in groups owned by a hospital, while 21% were employed by private groups. Other employment situations included community health centers, corporate laboratories, correction institutions, military bases, and nursing homes.<sup>4</sup>

ACO participation grows. In 2013, 37% of ObGyns either participated in an Accountable Care Organization (ACO) or planned on joining an ACO within the next year.<sup>1</sup> This was an increase from 25% in 2012.<sup>2,3</sup>

In the most recent report, 2% chose concierge practices (also known as direct primary care) and 5% opted for cash-only practices.<sup>1</sup> In 2012, only 1% of ObGyns opted for concierge practices, and 3% for cash-only practices.<sup>2,3</sup>

Employment over private practice?

In 2013, physicians were enticed to seek

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ObGyns saw more patients per week in 2013

Year	Reported number of patients seen per week				
	<49	50-75	76-99	100-124	≥125
2013 <sup>1</sup>	14%	23%	24%	22%	17%
2012 <sup>2</sup>	28%	20%	19%	18%	14%

employment by the financial challenges of private practice (38%); not having to be concerned about administrative issues (29%); and working shorter and more regular hours (19%). Other reported benefits of employment were academic opportunities, better life-work balance, more vacation time, and no loss of income during vacation. More than half (53%) of employed physicians who were previously self-employed felt that patient care was superior now that they were employed, and 37% thought it was about the same.<sup>4</sup>

Career satisfaction

ObGyns were close to the bottom among all physicians (48%) when it came to overall career satisfaction, tied with nephrologists, surgeons, and pulmonologists. The most satisfied physicians were dermatologists (65%); the least satisfied were plastic surgeons (45%).<sup>1</sup>

What drives you? In 2013, more ObGyns (41%) than all physicians (33%) reported that the most rewarding part of their job was their relationships with patients. Thirty percent of ObGyns chose being good at their jobs; 8% chose making good money; and 2% found nothing rewarding about the job.<sup>1</sup>

How much patient time do you spend? The majority (58%) of ObGyns reported spending more than 40 hours per week with patients and 16 minutes or less (66%) per patient.<sup>1</sup> In 2012, 60% of ObGyn respondents reported spending 16 minutes or less per patient.<sup>2,3</sup>

Anticipating the effects of the Affordable Care Act

Under the Affordable Care Act (ACA), an organization's revenue will still be determined largely by the volume generated by

physicians. The percentage of ObGyns who saw 50 to 124 patients per week increased from 57% in 2012 to 69% in 2013 (TABLE).<sup>1,2</sup>

In 2013, 53% of ObGyns still were undecided about health-insurance exchange participation—the same percentage as all survey respondents. Among ObGyns, 30% would participate, and 17% would not participate.<sup>1</sup>

Almost half (49%) of ObGyns expect their income under the ACA to decrease. About 45% of ObGyns did not foresee any change, and 5% believed their incomes would increase (1% didn't know) under the ACA. ObGyns also anticipated a higher workload, a decline in quality of patient care and access, and reduced ability to make decisions.<sup>1</sup>

Almost one-third of ObGyns dropped poorly paying insurers. In 2013, 29% of ObGyns said they regularly drop insurers who pay poorly, but 46% said they keep their insurers year after year. In 2012, 26% of ObGyns said they drop insurers who pay the least or create the most trouble; 29% said they keep all insurers.<sup>2,3</sup> Private insurance paid for 63% of patient visits to ObGyns in 2013.<sup>1</sup>

Fewer ObGyns indicated they would see Medicare and Medicaid patients. In 2013, 20% of self-employed and 5% of employed ObGyns said that they plan to stop taking new Medicare or Medicaid patients. More employed (72%) than self-employed (46%) ObGyns reported that they would continue seeing new and current Medicare and Medicaid patients.<sup>1</sup>

In 2012, 15% of ObGyn respondents planned to stop taking new Medicare or Medicaid patients, but 53% of ObGyn respondents said they would continue to see current patients and would take on new Medicare or Medicaid patients.<sup>2,3</sup>

References

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