

# ObGyn salaries continue gradual improvement

↘ Female ObGyns continue to make less than their male counterparts, although the gap is narrower for those who are in private practice versus employed

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The mean income for ObGyns rose by 2% in 2014 over 2013 to \$249,000, according to the 2015 Medscape Compensation Report.<sup>1</sup> This slight rise continues a gradual increase over the past few years (\$242,000 in 2012; \$220,000 in 2011).<sup>1-4</sup> The 2015 report took into account survey responses from 19,657 physicians across 26 specialties, 5% (982) of whom were ObGyns.

The highest earners among all physician specialties were orthopedists (\$421,000), cardiologists, and gastroenterologists. The lowest earners were pediatricians, family physicians, endocrinologists, and internists (\$196,000). The highest ObGyn earners lived in the Northwest (\$289,000) and Great Lakes (\$268,000) regions; the lowest earners lived in the Mid-Atlantic (\$230,000) and Northeast (\$235,000) areas.<sup>1</sup>

## Survey findings

### Career satisfaction for ObGyns is dipping

In 2011, 69%, 53%, and 48% of ObGyns indicated they would choose a career in medicine again, select the same specialty, and pick the same practice setting, respectively.<sup>4</sup> In the 2015 survey, 67% of ObGyns reported that they would still choose medicine; however, only 40% would pick obstetrics and gynecology as their specialty, and only 22% would select the same practice setting.<sup>1</sup>

### Employment over private practice: Who feels best compensated?

Overall, 63% of all physicians are now employed, with only 23% reporting to be in private practice. Employment appears to be more popular for women: 59% of men and 72% of women responded that they work for a salary. Slightly more than a third (36%) of men and about a quarter (23%) of women are self-employed.<sup>5</sup>

**The gender picture.** Half of all ObGyns are women, and almost half of medical school graduates are women, yet male ObGyns continue to make more money than their female counterparts.<sup>1,5,6</sup> The 9% difference between compensation rates for self-employed male and female ObGyns (\$265,000 vs \$242,000, respectively) is less than the 14% difference between their employed colleagues (\$266,000 vs \$229,000, respectively).<sup>1</sup> Women tend to work shorter hours, fewer weeks, and see fewer patients than men, which could account for the lower compensation rate for female ObGyns. Studies suggest that greater schedule flexibility and fewer hours are key factors that improve satisfaction rates for female physicians.<sup>5</sup>

Male and female ObGyns tend to agree on their income satisfaction: less than half are satisfied (male, 44%; female, 46%). Many more employed ObGyns (55%) than self-employed ObGyns (31%) believe that they are fairly compensated.<sup>1</sup>

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### Which practice settings pay better?

Compensation rates for ObGyns in 2015 are greatest for those in office-based multispecialty group practice (\$280,000), followed by those who work in<sup>1</sup>:

- health care organizations (\$269,000)
- office-based single-specialty group practices (\$266,000)
- outpatient clinics (\$223,000)
- academic settings (nonhospital), research, military, and government (\$219,000).

The lowest paid practice settings are office-based solo practices (\$218,000) and hospital-employed ObGyns (\$209,000).

In 2013, ObGyns who earned the most worked for health care organizations (\$273,000); those who earned the least worked for outpatient clinics (\$207,000).<sup>1</sup>

### Do you take insurance, Medicare, Medicaid?

More employed (82%) than self-employed (53%) ObGyns will continue to take new and current Medicare or Medicaid patients, which is a rise from data published in the 2014 report (employed, 72%; self-employed, 46%).<sup>1</sup>

More than half (58%) of all physicians received less than \$100 from private insurers for a new-patient office visit in 2014. Among ObGyns, 26% said they would drop insurers that pay poorly; 29% replied that they would not drop an insurer because they need all payers.<sup>1</sup>

The rate of participation in Accountable Care Organizations (ACOs) has increased from 25% in 2013 to 35% in 2014, with 8% more expecting to join an ACO in 2015. Concierge practice (2%) and cash-only practice (5%) were reportedly not significant payment models for ObGyns in 2014.<sup>1</sup>

Only 26% of ObGyns are planning to participate in health insurance exchanges; 23% said they are not participating, and 51% are not sure whether they will participate. Close to half (41%) of ObGyns believe their income will decrease because of health insurance exchanges, whereas 54% do not anticipate a change in income.<sup>1</sup>

### Do you offer ancillary services?

When asked, 11% of employed ObGyns and 28% of self-employed ObGyns revealed that they have offered new ancillary services within the past 3 years. These ancillary services can include mammography, bone density testing, ultrasound, in-house laboratory services, bioidentical hormone replacement therapy, and weight management.<sup>1</sup>

### How much time do you spend with patients?

In 2014, 62% of ObGyns reported spending 9 to 16 minutes with a patient during a visit. This is compared to 56% of family physicians and 44% of internists (TABLE, page 37).<sup>1,5</sup>

More than one-half (52%) of ObGyns spend 30 to 45 hours per week seeing patients. Fewer (38%) spend more than 45 hours per week, and 9% spend less than 30 hours per week with patients. This decline may be due to the increasing proportion of women and older physicians who tend to work shorter hours and fewer weeks.<sup>1</sup>

In the general physician population, 24% of women and 13% of men work part time, whereas 16% of both male and female ObGyns work part time. ObGyns aged 65 years or older constitute 35% of part-timers; 9% of those aged 35 to 49 years, and 11% of those aged 50 to 64 years, work part time. Only 2% of those younger than age 35 work part time.<sup>1</sup>



**58% of all physicians received less than \$100 from private insurers for a new-patient office visit**

## Would you select a career in obstetrics and gynecology all over again?

If given a second chance, would you rather choose orthopedic surgery as your specialty, or even choose medicine as a career again? OBG MANAGEMENT recently asked readers to weigh in, through its Quick Poll posted at obgmanagement.com, on whether or not they would choose ObGyn all over again. Ninety-one readers answered “yes” and 70 answered “no,” for a total of 161 respondents.

When this same question was posed to OBG MANAGEMENT’S Virtual Board of Editors (VBE), the perspectives were as split as the Quick Poll results:

- “No, no, no, I would not choose ObGyn all over again.”
- “Yes, I still love what I do.”
- “Yes, it is still the most unique specialty in medicine because it involves both surgery and primary care.”
- “Yes, for all the reasons I first loved the specialty: every week’s schedule, and every day is different. There is a mix of office care, surgery, and call.”
- “No! There is constant concern of litigation for complications, poor reimbursement, and compromised lifestyle.”

“There are much easier ways to make a living,” said one respondent, and another replied, “Work is very tough right now and the payment is too low.”

“The specialty has changed,” said Mary Vanko, MD, who practices in the suburbs of “blue collar Indiana.” “The public has very little idea of the breadth of our knowledge. The ObGyn generalist has the ability to serve as a woman’s doctor throughout her lifetime, not just perform the deliveries and surgeries. All of a sudden we are excluded from primary care status and people have to fight to see us. The newbies will never experience what it used to be as an ObGyn, the woman’s primary. Now we are the doctors to see when someone wants an IUD or is bleeding or pregnant. Big difference.”

Wesley Hambright, MD, practices in a small community hospital, but feels that “a larger hospital with more specialties may offer more flexibility and support in dealing with external pressures.” Tameka O’Neal, MD, is currently hospital employed but feels “as though I have little say in my practice.” Shaukat Ashai, MD, who is retired after 35 years in practice, says he would have preferred an academic setting on a full-time basis, citing long hours and poor compensation.

Robert del Rosario, MD, is in a large single-specialty suburban practice and would choose this practice setting again, although he would not choose a career as an ObGyn again. “The work demands have taken away too much from family,” he says. In addition, “as a male ObGyn, I am regularly faced with patients who choose their doctors based on gender rather than on skill. Our colleagues are no better. Early in my career and until the present, I hear people say, ‘Oh, I can’t hire Dr. X because we’re looking to hire a female.’”

Joe Walsh, MD, of Philadelphia, Pennsylvania, expresses similar discontent as a male ObGyn practicing in today’s female-populated specialty. In a letter to the editor in response to Editor in Chief Robert L. Barbieri, MD’s Editorial in the May 2015 issue, “Why is obstetrics and gynecology a popular choice for medical students?” Dr. Walsh states: “The unaddressed question is why is it unpopular for half of medical students? Ninety-three percent of resident graduates in the field are women, while women account for half of medical student graduates. Men rarely go into the field today. Perhaps job advertisements touting physician opportunities in ‘all female groups’ discourage men. Perhaps hospitals’ ‘Women’s Health Centers’ with such slogans as ‘Women taking care of women’ discourage men. Perhaps receptionists’ asking patients whether they prefer a male or female physician discourages male ObGyns.”

Many VBE members express some frustrations—with their practice setting, compensation, and longer work hours—but say that the patient relationships are the most rewarding aspect of their jobs. After 29 years in practice, Patrick Pevoto, MD, says the most rewarding aspect of his job is “being part of the legacy in people’s lives.”

Others say what keeps them engaged is:

- Enjoying “good outcomes.”
- “The patient contact. It’s fun having someone come up to me in the grocery store and introduce me to a teenager that I delivered 15 years ago.”
- “Surgery.”
- “Helping patients and teaching fellows.”
- “Knowing that I am making a difference in people’s lives.”

### What is most rewarding?

When given several choices to select as the most rewarding aspect of their jobs, more female ObGyns (47%) than males (41%) reported that their physician-patient relationships are the major source of satisfaction. More men (10%) than women (7%) cite that making good money at a job they

like is most gratifying. Only 3% of men and 2% of women reported no reward to being an ObGyn.<sup>1</sup>

### Survey methodology


Medscape reports that the recruitment period for the 2015 Physician Compensation Report was from December 30, 2014, through

## Patient interaction: Comparing how much time ObGyns, FPs, and internists spend with a patient<sup>1,5</sup>

Reported time spent per visit with a patient in 2014

Specialty	<9 min	9–12 min	13–16 min	17–20 min	21–24 min	25+ min
ObGyns	5%	27%	35%	19%	8%	6%
FPs	3%	22%	34%	23%	9%	9%
Internists	2%	14%	30%	28%	13%	14%

Abbreviations: FPs, family practitioners; ObGyns, obstetricians and gynecologists.

March 11, 2015. Data were collected via a third-party online survey collection site. The margin of error for the survey was  $\pm 0.69\%$ .<sup>1</sup> 

### References

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## Tell us what you think!

Share your thoughts on this article or on any topic relevant to ObGyns and women's health practitioners.

We will consider publishing your letter in a future issue.

**Send your letter to:**  
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Please include the city and state in which you practice.

**>> Stay in touch!**  
*Your feedback is important to us!*

## ICD-10 IS COMING SOON!

And so is a series on Gyn and Ob coding changes from coding expert  
**Melanie Witt, RN, CPC, COBGC, MA**

**>> Watch for Part 1 in next month's issue!**

