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# 2014 Practice Characteristics Survey Report: Executive Summary

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College of American Pathologists

## Executive Summary

The CAP's 2014 Practice Characteristics (PC) Survey was designed to provide primary data on College members and how they practice pathology and to track and report changes that are occurring in the workforce among College members. This survey is the 9th such survey fielded since 1994, and it is the first since 2011. The survey was sent to 9,664 CAP Fellows practicing in the United States who had valid email addresses.

The Jackson Group, a survey research company based in Hickory, North Carolina, administered the survey. In total, 9,664 practicing CAP members were asked to participate in the 2014 survey—1,865 Emeritus members and 7,799 non-Emeritus members. Junior Members still in residency, full-time members of the US Armed Forces, members living outside the US, and other nonpracticing members were excluded from the survey. Members who were retired for the entire year, many of whom were emeritus, were excluded after beginning the survey. The response rate among all survey recipients was 17.5%, and among non-Emeritus members was 19.1%. Data analysis yielded frequency distributions and percentages for each of the survey questions. The final data in this report represents only those pathologists who responded to the survey. For all purposes, except where noted, the survey interval was January 1, 2013, through December 31, 2013.

### Demographics

- Approximately 38.6% of respondents were women—an increase of 4.5 percentage points from the 2011 survey.
- On average, respondents had been in practice for 17.5 years. This figure was substantially lower than 2011, when the average was 21.8 years. On average, male respondents had been practicing longer than female respondents (20.4 years versus 13.3 years).
- Pathologists worked an average of 49.8 hours per week, a figure that was similar to the average work in previous years.

### Practice Settings

- Pathologists' practice settings were largely unchanged since 2011, with most pathologists working in community hospitals or academic medical centers.
- Nearly 72% of respondents spent their professional time in a single practice setting. Among this group, the highest share (34.2%) worked in community hospitals, and 24.5% worked in an academic medical center.

### Pathologist Activities

- Nearly all respondents (97.9%) reported spending some time on services for individual patients, such as reading slides, making diagnoses, interpreting tests, and consulting with other providers about individual patient care. Over three-quarters (77.6%) spent some time on services for patient populations, such as laboratory medical direction/management, biorepository management, outcomes assessment, utilization management, and public health.
- On average, pathologists reported spending 67.4% of their time on services for individual patients, 17.5% of their time on services for patient populations, and 15.1% of time on professional responsibilities (eg, serving on hospital committees, teaching, research, lifelong learning, and managing their practice). These proportions varied substantially by setting—pathologists working in academic medical centers spent more time than others on professional responsibilities (such as teaching) and less on services for individual patients, while those based in other kinds of hospitals tended to spend more time on services for individual patients than did pathologists in other settings.
- Approximately 33% of respondents *routinely* were personally involved in management of laboratory test utilization at their own initiation, and 19% at the request of the ordering physician. This figure was not significantly different from 2011.
- Although nearly half (48%) of pathologists reported having some level of direct patient contact, far fewer reported doing so on a routine basis. Most commonly provided were fine-needle aspirations (provided by 12.4% of respondents on a routine basis) and bone marrow specimen acquisition

(provided by 6.7% of pathologists on a regular basis). Both of these figures were significantly higher than the corresponding figures for 2011.

## Practice Size

- Over 40% of pathologists worked in practices of between one and five full-time pathologists. This was roughly the same share as in 2011.
- The share of respondents working in practices of 30+ full-time pathologists rose from 9% in 2011 to 11.8% in 2014. By contrast, the share of pathologists working in practices of six to 10 pathologists dropped from 21.9% to 19.9% during this same period.

## Pathologist Income and Benefits

- Median pathologist annual income in 2013 (defined as the sum of base salary, cash incentive/bonus payments, and other cash payment from professional pathology service) was \$300,000—the same figure as in 2010. (This figure excluded the cash value of benefits that may be provided by employers, such as health insurance premiums, retirement contributions, malpractice insurance premiums, etc) Most of this income tends to be received in the form of salary; median base salary in 2013 was \$250,000—and increase of \$10,000 from 2010.
- Total compensation tended to rise with years of experience. Pathologists with 26 to 30 years of experience had the highest median income in 2013—\$350,000.
- Most respondents reported that they receive paid vacation (88%), health insurance (84%), contributions toward malpractice premiums (84%), and retirement contributions (79%). There were no significant changes since the 2011 survey in the provision of employment benefits.

## Important Advocacy Issues

- For the first time, the PC Survey asked pathologists about their participation in the Centers for Medicare & Medicaid Services (CMS) Physician Quality Reporting System (PQRS). Just under half of respondents (48%) reported that they currently participate in PQRS, and another 29% said they don't know whether or not they participate. Of those who don't participate, the primary reason given was that there are no measures in PQRS that applied to them.
- There seems to be greater participation in accountable care organizations (ACOs) than was reported in the 2011 survey. About 20% of respondents reported that their practice was either participating or actively negotiating to participate in an ACO, compared to 7.5% of respondents in 2011.
- Approximately 12% of respondents reported that they participate in arrangements where the referring nonpathologist physician has an ownership interest in the histology laboratory used to process the specimens (ie, self-referral arrangements). Nearly two-thirds of those arrangements (64%) are provided in the referring physician's practice office.
- Respondents were asked to rank advocacy issues most important to them and to their practice. Overwhelmingly, respondents cited "Medicare payment cuts" as the most important issue, with over half indicating it as their top concern and 80% citing it as one of the five most important issues. Other frequently cited issues included the sustainable growth rate, self-referral of anatomic pathology specimens, changes to pathology's scope of practice, and direct billing for pathology services.

## Closing Comments

The survey results in this report are for all College Fellows who participated in the survey. Comparisons are made between the 2014 and 2011 data only for questions with the identical (or nearly identical) wording and answer options. As a result, the 2014 Practice Characteristics Survey data yielded largely similar trends in member demographics, practice sizes, and pathology subspecialties when compared with prior PC Survey data.

The need for timely information on pathology practices is essential as the health care system continues to adjust to the demand for measurable quality and more cost-effective care. We hope that the data from the 2014 Practice Characteristics Survey will provide valuable insights about the current state of pathology practice.