

# 2012 User Survey Results

In January 2012, the Student Doctor Network (<http://www.sdn.net>) conducted a survey of its membership, which consists primarily of current and future health care providers including physicians, dentists, pharmacists and psychologists. The survey consisted of approximately 25 questions (the number of questions varied based on the respondent educational level) and covered a variety of topics important to pre-health students (undergraduates), health professional students, and health professionals.

Below are the results of the survey.

### About the Survey Respondents

The survey was open to U.S. residents ages 18 and over.

#### Age Range

18-24	51.0%
25-34	43.2%
35-44	4.6%
45-54	0.6%
55+	0.5%

#### Gender

Female	44.8%
Male	55.2%

#### Education Level

High school (enrolled or completed)	0.4%
College/university (currently enrolled)	25.5%
Bachelors	25.7%
Graduate/professional school (currently enrolled)	26.2%
Masters	6.3%
Doctorate (MD, DO, PhD, DDS, DVM, PharmD, etc.)	15.8%

#### Health Profession

Note: Depending on the education level of the respondent, this question asked the health profession they were planning to pursue or that they were currently pursuing.

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Medicine – Allopathic (MD)	54.0%
Medicine – Osteopathic (DO)	13.2%
Medicine – Physician Scientist (MD/PhD, DO/PhD)	4.3%
Audiology (AuD)	0.2%
Dentistry (DDS, DMD)	8.5%
Optometry (OD)	1.0%
Pharmacy (PharmD)	6.4%
Physical Therapy (DPT)	1.2%
Podiatry (DPM)	0.5%
Psychology (PhD, PsyD)	2.4%
Veterinary (DVM)	4.7%
Other	3.7%

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### Community College Attendance

Note: Depending on education level of the respondent, this question asked if they were planning to or had attended community college before transferring to a college or university.

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Yes	22.8%
No	77.2%

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### Methodology

- The Student Doctor Network designed and administered this survey with support from Niche PR, which was conducted via the Internet using Survey Monkey from January 6 through January 27, 2012. Respondents were recruited for the survey via a notice on the Student Doctor Network forums (<http://forums.studentdoctor.net>), Facebook postings on the Student Doctor Network page and group page, Linked In page and Twitter message.
- A total of 1,191 respondents completed the survey, of which 1,123 met the survey criteria (U.S. resident age 18 or over).

## About the Student Doctor Network

The Student Doctor Network (SDN) is an organized community of health professionals and students from across the United States and around the world. Founded in 1999, SDN operates a website [www.sdn.net](http://www.sdn.net) moderated by volunteer health professionals and students who are dedicated to providing students, residents, and practitioners with free and unbiased information. SDN is published by the Coastal Research Group, a nonprofit, 501(c)(3) tax-exempt educational organization founded in 1983.

The mission of SDN is to assist and encourage all students through the challenging and complicated healthcare education process. The membership includes most doctoral-level health fields, including the following:

- Audiology (AuD)
- Dental (DDS and DMD)
- Medical (MD-Allopathic and DO-Osteopathic)
- Optometry (OD)
- Pharmacy (PharmD)
- Podiatry (DPM)
- Psychology (PsyD and PhD)
- Rehabilitation Sciences (DPT, ODT)
- Veterinary (DVM)

More than 300,000 members make up the SDN community. The SDN Forums compose the heart of the site, consisting of over 11 million posts covering all areas of health care education and practice. A diverse membership base extends from high school students to practicing doctors.

## Results

The set of questions presented to respondents varied based on their education level:

- High School (currently enrolled or completed)
- College (currently enrolled or Bachelors degree achieved)
- Graduate/Professional School (currently enrolled, or Masters or Doctoral level degree achieved)

The results below are broken into sections based on the responses to these questions.

In addition, several questions were only asked as a follow up to respondents based on their response to a previous question. These cases are indicated as well.

### Questions Asked of All Respondents

<b>How old are you?</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
13-17	0.0%	0
18-24	51.0%	573
25-34	43.2%	485
35-44	4.6%	52
45-54	0.6%	7
55+	0.5%	6
answered question	1123	1123
skipped question	0	0

<b>What is your gender?</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Female	44.8%	500
Male	55.2%	615
answered question	1115	1115
skipped question	8	8

<b>In what country do you reside?</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
United States	100.0%	1121
Another country (please specify)	0.0%	0
answered question	1121	1121

skipped question	2	2
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<b>In what state or U.S. territory do you live?</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Alabama	0.6%	7
Alaska	0.2%	2
American Samoa	0.0%	0
Arizona	2.4%	27
Arkansas	0.6%	7
California	12.0%	134
Colorado	0.9%	10
Connecticut	1.3%	15
Delaware	0.2%	2
District of Columbia (DC)	0.5%	6
Florida	4.8%	53
Georgia	2.2%	25
Guam	0.0%	0
Hawaii	0.4%	4
Idaho	0.2%	2
Illinois	4.9%	55
Indiana	1.5%	17
Iowa	0.6%	7
Kansas	0.7%	8
Kentucky	1.0%	11
Louisiana	1.3%	15
Maine	0.2%	2
Maryland	2.2%	25
Massachusetts	4.8%	53
Michigan	3.0%	33
Minnesota	1.7%	19
Mississippi	0.5%	6
Missouri	2.2%	24
Montana	0.2%	2
Nebraska	0.4%	5
Nevada	0.7%	8
New Hampshire	0.6%	7
New Jersey	3.1%	35
New Mexico	0.4%	5

New York	10.5%	117
North Carolina	2.3%	26
North Dakota	0.3%	3
Northern Marianas Islands	0.0%	0
Ohio	2.6%	29
Oklahoma	1.0%	11
Oregon	1.4%	16
Pennsylvania	5.9%	66
Puerto Rico	0.3%	3
Rhode Island	0.3%	3
South Carolina	1.0%	11
South Dakota	0.4%	4
Tennessee	1.5%	17
Texas	6.8%	76
Utah	1.3%	14
Vermont	0.0%	0
Virginia	3.1%	35
Virgin Islands	0.0%	0
Washington	2.2%	24
West Virginia	0.8%	9
Wisconsin	1.6%	18
Wyoming	0.2%	2
answered question	1115	1115
skipped question	8	8

<b>What is your education level?</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
High school (currently enrolled or completed)	0.4%	5
College/university (currently enrolled)	25.5%	286
Bachelors	25.7%	288
Graduate/professional school (currently enrolled)	26.2%	293
Masters	6.3%	71
Doctorate (MD, DO, PhD, DDS, DVM, PharmD, etc.)	15.8%	177

answered question	1120	1120
skipped question	3	3

<b>Please answer the following questions about the future of healthcare.</b>								
<i>Answer Options</i>	<i>Much worse</i>	<i>Worse</i>	<i>About the same</i>	<i>Better</i>	<i>Much better</i>	<i>Un-decided</i>	<i>Rating Average</i>	<i>Re-sponse Count</i>
Do you think that healthcare in the United States is getting better or worse?	53	441	314	237	16	55	2.74	1116
Do you think that healthcare reform initiatives will make healthcare better or worse?	86	237	245	374	63	109	3.09	1114
Do you think universal coverage would make healthcare better or worse?	109	214	139	324	226	97	3.34	1109
answered question							1116	1116
skipped question							7	7

**What is the biggest problem in healthcare today?** (Open ended question)



lack of access to vulnerable populations.
Cost
Inability to provide a social structure for ancillary services and preventative care to keep patients out of hospitals
Access to healthcare services (geographic)
Long-term lifestyle diseases.
The Government.
Insurance
Limited accessibility, stricter guidelines needed for medicaid use (for example, emergency departments can't be used as primary care)
litigation
For profit insurance makes our healthcare needlessly expensive and unavailable, but government based healthcare may erode freedom by making people think that the state should have more control over individual health decisions. It's difficult to find a pragmatic balance.
dropping reimbursement rates for healthcare services
cost
Cost and availability
non-socialized system
Excessive cost and waste. Too much bureaucracy, too many "middle men."
Fee for service.
Insurance coverage
Lack of measures introducing preventive strategies to managing one's health, insurance prices, access to care, etc.
The fact that due to inflation rates and salary wages at minimum wage are no conhesiding with one another thus making the working middle class fall at the poverty line and the people at the poverty levels keep falling further in debt and cannot afford healthcare coverage due to the expensive amounts.
rising health costs
high cost
Overcharging some things, undervaluing lower level care and preventative. INSURANCE COMPANIES!
Medicare patient coverage and medicare physician reimbursement
Lack of ability to say "no"
Insurance companies limiting doctors.
Lack of coverage for the people who need it most
Government involvement. It de-incentivises students to enter medicine, increases the rate at which docs are leaving, and reduces wages.
The business aspect of healthcare. So much paperwork takes away from patient care.
Two-tiered system. People who are uninsured or publicly insured do not receive the same treatment as those who have private insurance.
tort reform needed. too many studies ordered to r/o everything to avoid medical legal issues.
I wish I knew
High insurance rates
Medicare cuts/reimbursements
Lack of reform, people are in it to make money and not to help individuals

Money.
Unsure - too many, but probably the lack of access to care for impoverished and uninsured individuals.
liability concerns driving practice, rating and statistics driving practice
Defensive medicine: too many unnecessary tests
administrators
Insurance companies
high costs due to unregulated insurance companies and drug companies
lack of single, accountable payer
Insurance companies not covering their expenses and instead keeping bonus profits for themselves
Undecided
There's no one problem - like much in healthcare, it's a multifactorial issue. Insurance companies are overly restrictive, patients no longer have a sense of personal responsibility and are overly litigious, attorneys are problematic both in the courts and in the legislature, and physicians/nurses have yet to figure out how to speak with a coherent and cohesive voice.
Medical coverage
Not sure
Access/cost-containment
N/A
Lack of personal responsibility
too costly for all involved, not universal
Lack of primary care medical homes for patients compounded with lack of funding and insurance
Patient's lack of responsibility regarding healthcare.
Cost.
Access to quality care for those less fortunate to receive it.
Just the sheer difficulty for the average, middle class family to afford healthcare anymore and the continued worry if families can even afford healthcare in the near future.
medical malpractice insurance premiums and lack of accountability for costs, both by patients and physicians
Overall model of insurance.
The cost of medical education is too expensive. It deters many people from applying; many of whom would make excellent physicians.
The uninsured pays a lot to get coverage.
Personal responsibility of patients
It is not a fundamental right (in the United States).
Too much bureaucracy and administration
Not enough of a focus on preventative medicine. As it pertains to pharmacists, so many of the medications we prescribe for common diseases we see today (diabetes, cholesterol, high blood pressure) only treat symptoms and not the underlying cause. There needs to be a holistic approach to educating health care practitioners instead of "Oh your LDL is too high, you need to go on statins."
costs of medications
Lack of focus on nutrition.
lack of payment or minimal payment

With the rising cost of medical technology and treatment, our current system is unsustainable. Someone - patients, providers, etc. - in the system will receive less than the quality they deserve as a result of inflated expenditures.
Difference in costs among hospitals
number of uninsured patients
N/A
Not enough primary care locations.
The individuals who are on state-funded access programs are misusing their privileges, which deflates the whole system and need for protection of the "lower-class"
Getting into medical school is too competitive
Not enough healthcare professionals for the amount of people that reside in the US. Healthcare is too expensive, and you don't get quality service (e.g. what I have had to deal with in the last few years).
paying and getting paid
Healthcare costs are forcing people to abandon getting care.
Employer based health care coverage.
price of medicine and treatments.
Affordability
Government involvement in healthcare.
lack of price transparency, price fixing
perverse incentives in the reimbursement structure
cost of medications
Lack of healthcare access
Cost
medicare
There are not enough doctors to handle the volume of patients. There is a lot of disconnect between doctors of different specialties who handle the same patient.
We have fallen to the reductionist mentality and we aren't re-building the mind-body-spirit connection as quickly as we need.
The idea of a quick, easy fix to everything in life. Ignoring the problem by masking the symptoms with prescription drugs instead instead of treating it.
Access
Insurance
Coverage.
government
The fact that only the very rich can afford to see specialists without worrying about the cost. The fact that so many people cannot see a primary care physician simply because they cannot afford insurance. The fact that this country's policymakers would rather its citizens die instead of bending over backwards to provide every citizen, rich or poor, with affordable/free healthcare. The biggest problem in healthcare today is that healthcare is seen as a privilege and not a right.
Too many baby boomers retiring! Too many welfare recipients and illegals/undocumented!
cost
Too many underserved areas in the country (United States). It's something that needs to be addressed.

The lack of universal coverage
Lack of insurance vs. huge costs.
For-profit insurance companies
That so many people are un- or underinsured.
Cost. Abuse. Lack of prevention; more focus on treatment.
People who don't have insurance but make too much money to get help, yet do not make enough to pay for insurance. That's a horrible place to be.
Prohibitive cost of health insurance and prescription drugs
Cost
Baby boomer generation, Medicaid and Medicaid Rx Drug Coverage
Cost
Insurance companies, due to them the cost of healthcare skyrocketed.
resource management
Lack of access to medical resources.
Costs
Rising cost of medical care and health insurance.
Dissociation of cost from consumption - the average patient has no idea what their insurance is paying. Also, diminishing respect for the physician with concurrent taking advantage of them
the biggest problem in health care is mental disorders
Cost
Disagreement among the public on how medical care should be delivered. Many are opposed to the new reform, however there is never a perfect solution to any problem. People should realize that they just need to bear this for a while, and they can always improve on it.
The lack of price fixing, and too much money going into admin costs, granted admins are needed in the field now. It's becoming a business.
Access to care
Healthcare requires a value system that is not used anywhere else and no one knows how to apply it to fix spending issues.
Insurance.
Vets: over-saturation
not sure
Growing costs that are passed down to patients.
Noncompliance, decreasing reimbursements
access to care and rising costs
Entitlement and lack of personal responsibility of the Medicaid and Medicare populations
Selfish, uninformed constituents who allow politicians to scare them into voting to keep our broken system
unequal access to it
Managed care, insurance interference, end of life treatment, obesity, lack of preventative medicine as commonplace
People will get lazy and just take the handout.
Lack of universal coverage and overly inflated costs due to insurance companies.

Access to healthcare
Payment on both ends and inefficiencies in system
Affordable health care
Access and affordability.
?
Personal experience: Lost health insurance and was uninsured for months at a time I needed it the most, but I did not qualify for Medicare. Due to Obama's plan, I am now covered under my parent's insurance, but I still pay a lot out pocket for prescriptions and lab test results. So the biggest problem is the high number of those uninsured and the rising cost of health care that cannot always be covered out of pocket.
Lawyers
Non-compliance
for profit insurance
Politicians
1. For-profit insurance companies! 2. too much "defensive medicine" practice 2. use of increasingly expensive technology - not always necessary 2. care is not always coordinated - results in too many duplicate tests/exams/ etc.
cost
health profession loans
Access, and red time from insurance to both doctors and patients.
disparities
Private insurance.
not enough incentive for medical students to choose primary care.
No universal healthcare Giving too much power to PBM's and insurance companies
For US - the need for instant gratification; via cars, corn filled food, etc. This leads to unhealthy lifestyles that could have been prevented with the right precautions. People could ride bikes, not eat meat, not eat processed foods, etc.
Lack of access
It is too expensive and the coverage people get for their money is minimal.
Diabetes - Americans overeat and are sedentary for the most part. Also baby-boomers aging.
Obamacare
Litigation
Human medicine: Cost of care for the uninsured/underinsured/just plain poor. Veterinary medicine: Terrible ratio of debt to salary post-graduation.
Not everyone has healthcare
not enough general physicians because of high education/insurance cost and low reimbursements
Lack of continuity when going from one provider to another.
accessibility and distribution of resources
Tort reform
Lack of access to healthcare.
Rising costs due to overspecialization

People cannot afford to have health coverage, because of the costs of insurance and the plight of the economy. So poorer families, including children, are not getting the proper care that they need.
Insurance difficulties that tend to arise during long term illness.
dichotomy in quality versus affordability
cost
Costs too high because people overuse the system. Preventative healthcare should be a larger part. Emergency rooms should be reserved for emergencies.
providing universal, basic healthcare in an efficient and economic manner
too many high risk individuals soaking up majority of costs
Rising cost of health care due to multiple factors - patient demands and perceptions, overhead, liability insurance, etc.
Physicians are more concerned about their pockets instead of their patients.
Equitable allocation of resources and lack of focus on preventive health, education on nutrition and importance of exercise and activity
People who lack insurance
For profit insurance companies and lack of medical malpractice reform
We spend more money than any other country on healthcare, yet our health care system ranks 37th in the world? And we often don't take care of those who need medical care the most..
cost, health insurance companies deciding who gets treated and how, lack of access to health care, the number of people without healthcare
Costs, defensive medicine
Cost
HMOs take larger premiums from patients while simultaneously paying less for the services physicians are providing. It is an untenable situation where the middle man is making a ton of money and both patients and physicians are screwed in the process.
Lack of preventive medicine
Access to care
expensive
Healthcare is way too expensive. Not everyone is insured. Universal health care is the answer but I don't know how we would get there given the new US reforms.
cost
student debt to income ratio
Insufficient attention to disease outside the industrialized world, vaccine and drug-design strategies are driven entirely by profit (other incentives need to be put in place as well).
Insurance companies effectively stealing from doctors.
Doctors are fed up with system and so have a poor attitude. Also, doctors are not educated in preventative medicine and patients do not take prevention seriously.
Lack of universal health care, and the desire for profit rather than health care delivery to people who need it.
"Universal health care and private insurance company profits are incompatible." - Donna Smith, California Nurses Association

The lack of health care faced by those in the Appalachian region and other under served areas of the United States. Even those lucky enough to have insurance face deductibles/co-pays so high that most cannot pursue care.
Prioritization of healthcare resources as a society and prioritization of self-care practices as individuals.
Affordability
The biggest problem is the large amount of people who do not have access to basic care. This leads to many preventable issues eventually turning into emergency cases.
The waist that insurance companies create and that people do not understand all that goes into collecting just one payment.
Lack of Health Insurance!
Under the current system people do not feel much obligation to their own health because financially they can be "covered" by insurance companies or soon many will be covered by other people.
Accessibility to care, chronic illness related to obesity/smoking
LACK OF TORT REFORM.
Tort
Lack of access to healthcare for much of the population.
addressing socioeconomic causes of poor health
The increasing costs
Where to start?
"Americans love to have the newest and most expensive form of health care treatment available, however, we sometimes sacrifice good quality care with proven relatively inexpensive methods for the newest, most expensive care. The most significant issue facing America's healthcare system is cost control. We as a nation need to decide when too much healthcare is crippling the current route of healthcare administration and what we need to do to fix it. I believe a great way to remedy the high cost of healthcare in America would be to provide more HMO insurance policies that require a gatekeeper into the healthcare system with insurance companies operating as nonprofit organizations. Many other developed democratic countries have done this (i.e. Switzerland). If insurance companies are to remain for profit, then they should be able to make profit off of elective care only. I do not believe insurance companies should profit from Americans seeking primary care or preventative care. If insurance policy could be enacted in this manner, we might see a large drop in healthcare costs in America. The goal of America's healthcare institutions should be to develop and sustain healthy individuals. I believe in both individual mandate and guaranteed issue forms of insurance in tandem, however, these requirements in insurance policies will be doomed in America until we have a normalized cost of care among healthcare providers in America. Current cost of care is established by insurance companies and hospitals whose bottom line is to make a profit (unless they are nonprofit). Benefits of normalizing the cost of care among providers is that our current system requires extra personnel to sort out insurance payments for healthcare teams or establishments. These payments can be streamlined, but this can only happen through set values on the cost of care. Once this took place you would see the loss of several middleman positions in bill processing departments of insurance companies, hospitals, and doctor's offices across the nation. Without regulation of cost, the sky is the limit and Americans can and do go bankrupt each year paying hospital bills. Many Americans also delay seeking care for treatable common chronic diseases due to costs until they become catastrophic and this also increases costs in the health care system. Some of America's disease epidemics such as type II diabetes mellitus results in expensive trips to the emergency department that should be combated with less expensive forms of intervention. Prevention in the form of education of the public is a crucial tool and one that needs to be developed. The best initial form of treatment for many diseases in America, such as obesity, is changing the patient's lifestyle.

equal access
access and cost
Lack of funding to provide hospitals with enough alert doctors.
Lack of individuals taking preventatvie measures for health and lack of coverage for preventative services
Non-Compliance
that it isn't universal. should be available for all in America.
Lack of coverage to all citizens.
Access to care.
Access to healthcare for the uninsured.
uneven distribution of resources (too much on administration due to lack uniform insurance policies and excessive competition
Cost.
Too expensive.
Emergency rooms
Defensive Medicine, Hospital Monopolies.
No accountability for how insurance companies choose to reimburse physicians.
Inequity based on social class.
Using a business model to run a system that all should be entitled access to
Ulterior motives
cost, reactive care instead of proactive care
Lackof access to preventable care
Access.
Insurance companies.
insurance companies
Entitled patients. Increased Liability. Educational Debt
Obamacare will ruin good doctors and force them to go out of business in small practices. There will also be too many mid-levels when real doctors are needed.
Insurance. They're middlemen that unnecessarily complicate the process.
medicare/medicaid cuts and universal health care
Access to affordable and high quality care.
insurance is overpriced, less advocacy for minorities, male-dominated
cost, insurance turn down
Access to care.
entitlement
The for-profit system.
lack of universal coverage
Preventative Care
Obesity and medically underserved people
When government run programs do not fully pay hospitals with proper payment
Money.



cost
Too expensive
Inequality of coverage and high costs
COST/TIME OF PRODUCTION - because of all of the federal regulations imposed it has become extremely costly/ time consuming to get a ready product from benchtop to consumer
There are so many holes and loops so a lot of people aren't covered under healthcare. Also, there are so many problems in our hospitals where people are not getting treated when they should. I just heard that a girl died from ovarian cancer (age 20-24) because the doctors didn't want to test her for ovarian cancer since she was too young. This really should not be happening.
Insurance Companies.
lack of access to care
That politicians are trying to make the rules while it should be the healthcare professionals that do.
People being uninsured or under insured
rising cost of healthcare
lack of/spotty coverage
Insurance
lack of understanding among general public how the healthcare system actually works, to much administrative costs
Too expensive and too entitled.
I think patient's expectations vs clinical necessity vs fear of malpractice is driving up costs. Furthermore, as a society we are slow to adapt to preventative measures and rather seek help when we are already broken ( a generally more lucrative scheme for healthcare). I also think a lot of hospitals are poorly run and they need to have a more transparent running. There are tons of administrative personnel who don't even know what their jobs are.
Waste - excessive testing, unnecessary regulations, litigation, etc.
Cost
Insurance companies trying to make a profit and medicare/medicaid reimbursement concerns.
Uninsured or underinsured patients;cost of health insurance for working poor
People don't think.
Medical school debt in light of reimbursement cuts to physicians.
The public's fear of change.
Costs and hospitals, a place of supposed "healing," have superbugs. Also, physicians that don't create meaningful relationships with their patients. Physicians should work with their patients, not on them/for them.
Delivery of healthcare. Issues with payment structures (mix-model of gov't and private payer systems)
Accessibility and affordability for lower to middle income families and uninsured individuals who do not meet income requirements for government assistance.
The huge influence of pharmaceutical corporations in the healthcare industry.
Reform is going to make healthcare worse before it begins to get better. This will most likely cause even larger salary cuts for healthcare professionals (especially MDs) and the expectations of each healthcare professional will be greater, by seeing more patients that have the government paying a fraction of the doctor's bill.
Costs are inflated.
Universal Electronic health records! Consistency in practicing evidence based medicine
access to information/ education

Insurance
The biggest problem in healthcare today is the cost of healthcare in the United States.
Shortage of qualified providers
Obesity
Cost and care quality
Litigation
The widely held misconception amongst young healthcare professionals and students that the system is best run by government, and that this type of coercive intervention is ethical.
The biggest problem today is the litigations that are associated with medicine. This drives up the costs of insurance because insurance companies avoid a losing business.
reimbursement to doctors through Medicare and Medical
The decay of the patient-physician relationship.
The idea that healthcare is a right and not a privilege. Too many believe that they are owed care, such that they subordinate the rights of the physicians, nurses, lab technicians and other health care workers to their own "need" of health care. Many of the problems which present themselves to the health care providers are preventable problems caused by poor life choices. Until society realizes that in most cases the responsibility for health lies with the individual, it will continue to drain the available resources for issues which are preventable in the first place.
Cost and limits on accessibility.
pharmaceuticals
Underserved areas
Certain populations lack access to necessary care.
Finances
People wait until they get horribly ill, then go to public ERs with a crisis, and ditch the bill. We need better preventative and basic healthcare for the poor.
not sure
HMO's and politicians
Lack of coordination
Obamacare
The cost and availability of health care providers
Lack of affordable and accessible primary care.
People not having access to quality care and doctors who are both knowledgeable and empathetic.
disproportionate amt of money spend on end of life care when quality of life is likely poor
The general public being able to sue for anything. Which leads to doctors practicing defensive medicine: overprescribing and running tests that don't need to be run to ensure not being sued. Overutilization of hospitals and taxing the system. Medical bills continue to skyrocket, as uncommon tests and labs are forced to be run for simple ailments.
Declining reimbursements from insurance companies.
Expense.
everything seems sufficient, only issue for those that can't afford healthcare is that they obviously can't receive it, not making it universal but maybe more affordable would help.
Malpractice

cost
overutilization
Too much corporate interests.
Insurance companies.
The fact that no one knows what's going to happen or how we can plan for it.
The fact that for-profit health insurance exists at all.
The cost
Abuse, over-vaccinating and using antibiotics to readily
Insurance companies dictating what procedures are covered, and lowering Doctor reimbursements.
The people trying to reform it are people who don't actually understand it (politicians) versus physicians and other medical professionals.
Not enough focus on preventative medicine; generally, waiting until it's too late to fix the problems, thereby sustaining exorbitant costs to maintain control when those problems start spiraling out of control.
Making proper and full healthcare affordable for everyone without compromising the quality of care delivered
Too many undeserved people trying to take advantage of state \$
cost and availability of drugs and advanced treatments
Limited access
The Uninsured
Capitalistic tendencies
Cost
Physicians are having difficulty owning there own practice due to an increase in cost and a decrease in the amount government programs pay.
defensive orders
cost
Wasteful spending at the end of life.
The disconnect between politicians and the policies they are trying to implement. Politicians do not truly understand how a doctor's office is run or the policies that need to be changed vs the ones that need to be left alone. Politicians need to get advice from the source, actual physicians, and get less advice from lobbyists.
Accessibility for the poor.
Cost for consumer, and cost to provide service.
cost of drugs and inadequate reimbursement from medicare, medicaid, and private health insurers
Midlevel autonomy
barriers to access to healthcare
Poor medication adherence by patients
People taking advantage of government aid when they do not actually need it.
insurance companies restrictions
patient access
unfair prices
Cost. The cost for basic procedures and preventative medicine is out of control.

Too many competing interests and a public that's poorly educated about the system. Too many decision makers between the patient and the physician.
Ballooning debt
Lack of coverage
indiscriminate gov't spending
The lack of universal coverage programs.
Increasing costs.
The healthcare system is so deeply entrenched in the current ways of paying for, receiving, and giving care, that necessary changes are very difficult to employ.
Health disparities and lack of affordable care for the masses driven by corporate interests.
Insurance companies have contributed to the rising costs of procedures. Patients can't afford the rising costs. Medicare does not have sufficient pay outs to physicians, and physicians are earning less every year due to losses with insurance companies. Doctors are going bankrupt and cannot maintain their practices.
Too expensive, non medical part (medical supplies, drugs, etc.) driving costs upward. The US seems unable to manage health care costs.
financing
Patient care, it is as if doctors and pharmaceutical companies don't care anymore, it's all about the money!
Mid-level encroachment.
There are many, but I'd say one of the biggest is overuse of emergency rooms for non-emergency problems.
More emphasis on charting, EMR, and seeing as many patients as possible to appease the federal government without actually providing good care to those who really need it. Patients cannot afford testing, care, or the correct medications. Insurance companies dictating what medicines doctors can prescribe.
Midlevels trying to gain independence and the business of medicine.
A lack of equity in health care provision across economic boundaries.
finances focus on end of life extreme measure when if half that was concentrated in basic care for all people would be better
nothing
Malpractice lawsuits.
rising cost
The number of uninsured individuals using emergency room doctors are their PCPs.
total decentralization. bureaucratic inefficiency.
The administrative costs in both healthcare provisions and health insurance companies are too high.
politicians
Rising costs
cost
Health disparities that still exist for minorities.
The cost, and doctors not caring and listening to patients
blood sucking doctors, hospitals, insurance companies, pharmaceutical companies. Motherfuckers who need to keep you unhealthy to have a job.
n/a
Lawsuits

In general--a lack of predictability in the future of healthcare. Specifically--the SGR Medicare cuts and the implication if not fixed (ie the "doc fix"), tort reform measures, cuts to physician reimbursement, the lack of sustainable change in the ACA (ie much was good, but the unfortunate part of the bill is that a lot of lasting changes that could have been made were not made--mostly for political reasons..one example is end of life care)
Access to care
Costs
That it is treated as a business with little regard given by those who have power to the impact of their decisions on the patients and specialists who are most effected.
The large number of private insurance companies that each come with their own rules for healthcare and charges/ fee for office visits and diagnostics.
Uninsured/underinsured access to care
Doctors are looked at as the enemy and the ones driving costs, when it is actually insurance companies, and the government giving them kickbacks.
cost.
patients using EDs as primary care
Over spending.
Biggest problem is that people are seeing healthcare as a business. Health insurance companies are getting more stingy, and so are the government. It doesn't help that many individuals (of course not all) go into healthcare purely and solely for the sake of money.
The fact that America loves lawsuits. This is restricting healthcare to do things differently.
Insurance companies being in the driver's seat. Free coverage to non-citizens.
Too large of an uninsured population.
Cost
People without insurance.
The problem with healthcare today is composed of many factors. I believe the consumers are also partially to blame. They do not want to pay for healthcare and assume that someone else will (workplace, government, insurance companies, etc.). They would rather spend money on fancy cars, internet access, cell phone bills, and the newest and latest gadgets.
Lack of self-care by patients e.g. failure to eat healthily and practice an active lifestyle. This apathy leads to many health problems which really could be prevented.
Costs
access
Tertiary care vs. primary care... not enough preventative health care.
Quality of care is being impacted by budgetary constraints.
Rising costs due to privatization
Skyrocketing costs
Rising costs coupled with declining rates of remittance and increasing utilization leading to higher costs.
Pharmaceutical companies and reimbursement.
Too expensive
Doctors are not getting enough compensation for their hardwork. Insurance companies and lawyers are ripping them off. Healthcare reform benefits Big pharma and insurance companies, the doctors get ripped off.

Insurance companies
The uninsured
Cost, bad regulations
That is is a For Profit business.
Care / cost and incentives for primary care providers to achieve excellence or even stay in the field.
Money
cost. Everything is so expensive: insurance, medication, staff ect.
Prescription pill abuse.
Insurance Companies
For-profit insurance companies. If 1000 houses are insured for fire, perhaps three will catch fire, and the company can eat the cost with the profit from the other 997. If 1000 people are insured for health, 900 will get sick. It is impossible to make a profit without cheating someone. For-profit insurance eats money without benefiting the patient (on average).
It's overpriced and poorly managed...not enough professionals to serve the population and the current model for service reimbursement isn't viable.
How expensive it is and insurance policies
Overregulation, lack of innovation, flawed reimbursement system, litigious environment
Cost
Apathy about Lifestyle habits that worsen general health such as unhealthy eating, lack of exercise, smoking etc.
Litigations, lack of affordability, overly-specialized expertise.
Cost of care.
Liability
It costs a lot of money to get treated when uninsured.
People being turned away because they can't pay
over treatment
Defensive ordering- drastically inflates cost in a system thats not affordable.
People taking advantage of it
American Lifestyle
Insurance controls all.
lack of insurance for a large part of our communities
Insurance Companies
The fact that the new system is based on an individual mandate instead of a single payer system. There are serious constitutional issues with such a system whereas there are none for a single layer system especially because there is already framework in place for this with Medicaid and Medicare. Besides that, the costs associate with having health insurance, especially for young healthy people, are astronomical. I personally have used the ER because I don't have health insurance. The system is frankly broken.
unequal access to quality care
Lack of access and the high cost.
Still expensive even with insurance
health insurance.
Middle Men

The number of uninsured individuals and high costs
Cost
overcharges
Dems
Insurance costs are too high.
Hard for students.
how to pay for cost of care for poor and uninsured
Cost/demand of care creating financial issues for providers of that care
Lack of access and cost for medical care
How choosey insurance companies are on whether or not they will cover a particular service.
Primary care physician shortage and fewer residency positions (both osteopathic & allopathic) than needed for medical school admissions expansions
Cost control, health care management bureaucracy, non-value-adding regulations, legal atmosphere, lack of personal responsibility for health
drug expenditure
access and cost
the rising cost and malpractice rates (in a way, perfection expected of physicians by the public)
Cost of healthcare
Racial and economic disparities
S
Greed insurance companies and lazy people who don't want to pay
cost
Not everyone has healthcare. Also, the same quality of healthcare----for the middle-class as well as for the poor--- needs to be made accessible for all Americans. However, I don't think the answer is universal coverage.
Cost
waste
Money
It is so easy for people, even reasonably intelligent and educated individuals, to get lost in the system. It's so hard to know where to go, who to talk to and how to accomplish what you need to without jumping through a million hoops. It's no wonder that the uninsured or poorly insured individuals just don't bother getting early treatment to dodge more costly and serious complications of treatable conditions.
People that have no active role in healthcare making important decisions about healthcare.
paying for everything
Coverage among all the people
focus on treating rather than preventing disease
Cost
Inflated costs which decreases access to adequate healthcare.
Wasting healthcare dollars on unnecessary meds, procedures, etc.
Cost of new treatments and the decreased reimbursements received
lack of universal coverage

insurance and medical payments
insurance
Governmental regulations
Worry over lawsuits so unnecessary tests are run.
Profit driven medicine.
cost
Nobody can agree on what should happen, so instead of making a change for the better so it feels like everything is at a stand still.
Caribbean and other graduates who doesn't take MCAT or equivalent tests before admission.
Access
spending
Access to care
Multiple inefficiencies and poor attitudes on parts of all key stakeholders
cost
money
Not enough focus on preventative care. Not enough primary care providers. The great technologies in the US are a double edge sword. Patients expect all sorts of interventions. Also, lack of patient compliance and education.
for profit insurance companies
Lack of national EMR and out of control malpractice
Not everybody has access to it, and people are too easily able to abuse the system.
Doctors' incentives are for money, not increased health outcomes.
large number of uninsured patients
We need Tort reform.
lack of personal responsibility
That my wife and I can't afford to have kids, we have decent salaries and are having to apply for Medicaid to not go broke when having a baby
Having enough physicians and proper reimbursement
PBM Abuses
Cost
The inherent problem that healthcare simply cannot be cheap or affordable for everyone due to the technology and training it requires to graduate competent doctors.
Money issues.
Obama
The third payer system will always be somewhat inefficient but the lack of pooling of risk drives the higher cost for government and private insurance.
Insurance companies.
Obamacare
cost and access to health care for patients
Doctors are coming out with too much debt and are overworked, the ER's are filled with people who should be going to their primary care doctor but do not have one..



Insurance.
access to care
Limited resources, overwhelming demand
No one with a broad view of how medicine is run is making the rules.
it is not free everyone deserves a chance to live except criminals of course and they receive free health care don't they
Financial issues, no enough insurance.
Lack of access for underserved populations.
Rising costs
Obesity epidemic
Unequal access to good treatment
I think the biggest problem is bound up in how the government and insurance companies mandate how medicine is practiced.
The upsidedown reimbursement where specialists are paid substantially more than primary care providers; the fact that those who can't/chose not to afford insurance are driving prices up for hospitals and clinics due to unpaid bills; the astronomical expense of supplies, equipment and medications to hospitals & clinics. The inability for reimbursement rates to keep up with inflation and the additional regulatory expenses that are rapidly increasing for providers; the fact that specialists make up approximately 80% of providers where primary care is only about 20% so there is limited access for preventative services and maintenance of care for many.
Insurance companies. They're unregulated and allowed to run amok with billions in profits while cutting reimbursements to physicians and denying claims. No one is seeing the benefit except the executives.
waste and disproportionate resource distribution
The biggest problem is the disparity of pay between family physicians and specialists. I think graduates are driven into specialty care because of their student loans because they think it is the only way to break even. US health care has a need for primary care physicians if we want to see a healthier society overall. Care management, actually establishing a relationship with the patient and following their progress is the biggest way to make a difference in how they view their health as well as how they teach thier children to view their health and health care. Without education and knowledge being entrusted to the patient so they can make better decisions about their health I don't think it is possible to have sustainable universal coverage.
dont know.
The biggest problem is that healthcare is currently a privilege when it should be a right. Healthcare needs to be more accessible and affordable.
Healthcare has become all about the money rather than providing good care for everyone.
This type of question, requires an extremely detailed answer. There are too many variables to narrow it down to a "biggest problem," collectively the small problems add up across the board.
Healthcare disparities among minority populations.
Advocacy...explaining to the general public the changes and how they benefit them overall.
Payment issues and medical school debt
Patient compliance. Regardless of if everyone is covered by an insurance plan, it is still up to the patient himself/herself to attend regularly scheduled appointments, take medications, partner with physicians/surgeons, etc. Everyone could have everything for free and it wouldn't matter unless individuals take active roles in their own care.
Overworked doctors, overworking themselves to make up for being under-paid.

Overcharging for medical equipment and the entire chain from manufacture through delivery of said equipment. Also, poor management of resources on the part of hospitals, physician office managers, etc. Finally, lower quality administrative employees making mistakes that cost months and \$\$\$ to fix.
lack of resources and funds
Complexities in management
The cost is too expensive and we are not seeing better outcomes than other industrialized countries with less expensive healthcare.
Lack of access to patients who really need it. Financial payment to health care workers.
Expenses.
GME funding, cost to attend medical school
insurance policies
Pharmaceuticals and health care compagnies dictate how physician can practice medicine, it should not be that way.
Not enough time spent listening to patients. Too many people are allowed medicaid and medicare without really needing it. Insurance company fees and deductible prices.
Doctors keep on restricting their accepted coverage. I find myself tallying the number of times I can go to the dentist without be charge side pocket.
People not having insurance.
Cost and accesibility
Profit-seeking industries, mechanization, dehumanization of 'customers' or patients
Not the care, but the cost.
Cost of caring for long-term diseases such as diabetes, obesity, cardiovascular disease, and other taxing illnesses that affect billions of people as well as the overuse of the emergency room due to the lack of primary care.
high cost for treatment
Financial coverage is pretty low for patients.
The lack of encouragement for medical students to go into the field of primary care.
there's no enough knowledge
Not enough doctors in primary care, too many uninsured
Obamacare
Uninsured people
Insurance reimbursement as well as patients' sense of entitlement
inaccessibility
Overload, which causes costly mistakes and stress
Insurance companies not paying up.
Overloaded doctors, limited access to care for
Socialized medicine/Obamacare
access to primary care
Not a "team" effort. Everyone is in it for themselves.
Healthcare costs to uninsured
Providing healthcare to everyone.

Misalignment of healthcare capability, patient/public expectations, and consequent cost. Yes, I am aware that this is quite vague. Another way to think about it is that many people want cutting-edge (read: expensive) treatments regardless of the likely benefit. Conversely, many people seem uninterested in simple interventions or lifestyle changes that can have great benefits. As a result, for example, bariatric surgery seems like a "better" option than eating right & exercising, in modern medicine.
Lack of availability to such a large percentage of citizens
lack of access to preventative care due to high costs of care, insensitivity to diversity, and being under-insured.
lack of primary/preventative care
the cost factor
Not everyone can afford health insurance.
Obesity
Lack of a single-payer system.
decreasing reimbursements
Cost
Public doesn't care about their own health, does not want to pay for health care.
overemphasis on procedures rather than preventative care
For-profit insurance companies.
Medical Insurance
Cost and inequalities
Uneven geographic distribution of exemplary physicians.
Lack of reliable insurance for those who most need it
reimbursement methodology
Shortage of primary healthcare physicians.
cost
Obama care
Rising costs
Over-treating and extending life without full consideration the expected quality of life beyond treatment.
Malpractice rates. Insurance companies in general.
Costs.
Rising costs
Although many people want to increase access to healthcare, no one wants to pay for the care of the currently uninsured. Insurance companies are unnecessary middlemen that profit by squeezing both physicians and patients, decreasing quality of care.
PCP shortage and unavailability of health care for the poor.
Inefficient distribution of care.
reimbursement
Procedures are too expensive, not enough emphasis on preventative medicine
Government Interference
The wrong incentives to pursue medicine
Disconnect between what people want and what people want to pay.

Lack of compensation for physicians especially with increased tuitions/cost of living that leads to a dearth of primary care physician.
Keeping people healthy in the first place (not enough focus on preventative medicine)
Cost, especially without insurance. Physicians (some) not listening to patients and basically making their own assumptions as to what is wrong with each patient, I'm assuming it is based on patient age, ability to communicate well, and overall appearance of patient in general.
Rising cost of healthcare.
not having universal healthcare
Cost of education to pursue it, lack of education for the general population.
innovations in medicine are creating a standard of care that is too expensive for most people to afford.
The high number of uninsured patients
Health insurance
Republicans
Cost
Red tape
insurance companies and people who do not pay their medical bills
obesity
Inefficiency
No connection between the health care that patients receive and their out-of-pocket expenditures which leads to increased perverse incentive.
Access/Finances
access
Lack of transparency in the patient/doctor/insurance fields.
insurance
Too many third parties involved in the physician-patient relationship.
lack of health insurance tied with medical malpractice (ie wasting money running tests to cover your butt that aren't supported by EBM)
Cost management
Health Care Access and Cost
Inadequate access to quality care for vulnerable populations
Fragmented nature of the system, lack of shared vision among key stakeholders
Not enough educating patients about their problems/ potential major health risks.
malpractice and negligence
people depending on the ER for primary care
Poor eating habits
Influence of insurance companies on medical and mental health practice and decisions
Practice of defensive medicine driving up cost, and a lack of accountability on patients' part in taking charge and taking care of their own health.
-the need for tort reform -the need for more primary care physicians -lack of efficiency in use of resources
Patient's overall lack of personal and financial responsibility for health.

Lack of proper dispersements of healthcare professional. Some places are impacted, while others are scarce.
Big Pharm and private health insurance.
Insurance run companies are taking control of the system and are preventing people from receiving the care they need.
Malpractice premiums and insurance companies
Providing all citizens access to health care
Need for universal healthcare.
Lack of accessibility.
Poverty.
Reimbursement & lack of communication
Lawsuits and defensive medicine
Rising cost of healthcare.
Disdain of physicians.
Overhaul of the healthcare system that may result in the physician profession becoming "just another profession"
Lack of understanding and use of EBM.
shortage of primary care physicians
Greed
tort reform
For profit insurance companies, a complex and highly stratified class of patients receiving different care, malpractice insurance
Not being able to be covered for services needed
We spend too much money on all the wrong things, like end of life care in ICUs.
Lack of preventative measures against diseases
The rising costs of health care
People are not able to afford it.
No base level preventative care for people who cannot afford it.
malpractice suits
Liability.
Government intrusion
People unable to receive treatment
Defensive medicine and end-of-life care add substantial costs to the practice of medicine. Some sort of tort reform and better patient education regarding hospice care, etc, will likely play a significant role in cutting down health care costs.
Uninsured people using the ER for primary care
-
The fact that nothing is certain and always changing.
People that cannot afford healthcare and lack insurance.
Malpractice suits driving up costs
Limited resources.
Balancing the cost of modern medical technology with patient expectations.

Physician Reimbursement issues
Fear of litigation Entitlement of patients who abuse health care resources
Cost of insurance for the middle/lower income individuals and families.
Limited access.
Malpractice lawsuits
Healthcare costs
physician compensation issues
unsustainably expensive treatments that are the standards of care
Cost
Reimbursement
Government involvement
The people who use it and the government that gives it to them.
Cost
affordability
cost
Government involvement and not enough interaction between fields.
Accessibility
Lack of insurance coverage for many; lack of access to healthcare
For-profit corporations
The fact that people can end up in so much debt for necessary health services and procedures. Because many people are uninsured, they do not visit a primary care physician regularly and only see a doctor when their condition has deteriorated.
Monopoly of insurance companies and vulnerability of doctors to please high-paying companies rather than truly access pateint needs.
cost
Inability of doctors to fully treat patients due to insurance reasons
Not enough people have it
The problem mainly lies with insurance providers and compensation rates.
Poverty and dearth of primary care physicians in under represented areas
Uninsured individuals racking up bills in the ER or hospital inpatient service.
Lack of coverage and access, along with high administrative costs
Lack of availability to healthcare providers and to information.
Lack of access in certain areas of the country
Cost/litigious society
Should be like Canada
Insurance, access to care
No oversight on the system. The american people who use the system abuse it.
money
Lack of effective cost controls
cost

Accessibility
Doctors do not get paid enough from insurance companies for their jobs. Doctors are not respected like they were back in the old days.
No insurance families cant afford to pay for the help they receive. This increase the strain on the system and forces everyone else to pay more. Whether that is higher cash rates for higher insurance premiems.
Putting an emphasis on number of patients serviced versus quality of patient care.
Overly expensive costs for those who are most likely to need the care.
Corporatism involving the insurance industry and the government.
Paperwork
Insurance companies using their influence to prevent socialization of medicine. To a much lesser extent, the general population is afraid of the term "socialized medicine" which likely has to do with Russian communism. There is not enough support to overcome insurance companies and socialize medicine.
funding & costs
No support or respect for doctors
It isn't TRULY accessible to all.
universal access
Households that are not insured and cannot afford to go see a doctor due to out of pocket costs.
The "health" needs to be put back into healthcare. I think there should be incentives for primary prevention. Subsidies should be placed onto healthy foods such that the most economical eating choice happens to be the most healthy. Non-smokers and people of a healthy weight should be offered lowered rates. There needs to be more public education about the appropriate use of the emergency room.
insurance companies
Health insurance
Cost
Malpractice
In the US, the biggest issue is changing the mindset that Americans have about what healthcare is or should be vs the actuality. I am not familiar enough with healthcare outside of the US with the exceptions of urgent or emergency care as it applied to myself or those in my party. I had no complaints.
Declining reimbursements + increasing tuition/debt (can't have it both ways!). The number of uninsured and lack of adequate preventive care is also unfortunate, compounding public health costs.
Unsustainable growth in healthcare costs without a well-developed plan for how to circumvent these issues.
Spiraling costs and burden of disease!
Insurance Companies
Lack of available urgent care for non-emergency situations
Not enough prevention
Cost and too many uninsured or underinsured working citizens.
lack of coverage
Costs.
Self-motivation
The current reimbursement model.
The insurance companies

Obama.
Lack of universal coverage. Waste in administrative costs.
Decreasing insurance reimbursements for healthcare professionals
That people are getting turned down for life-dependent care due to financial reasons.
Too many people given the ability to abuse the system, while the people that need the care jump through hoops to get what they need. Less free health care handouts and more assistance to those who are qualified.
cost
Cost of drugs and insufficient reimbursement from Medicare/Medicaid and private insurers.
ease of accessibility differs greatly per social class levels
Doctors are not getting paid enough.
Lack of health insurance to a huge portion of the population.
Lack a access and rising costs
Litigation and unhealthy cultural influences (tie as biggest problem)
Balancing the cost of care, including to patients and running a practice (including education costs), with decreasing barriers to care.
frivolous lawsuits
Gap between rich and poor! The poor are getting poorer, the rich getting richer, and America is predominantly composed of the middle/poor class.
Malpractice law suits and malpractice insurance
Insurance companies and their politics
Affordable access to health care
The extreme cost of our healthcare system.
Government regulation.
Cost
incomplete understanding of needs
Cost.
costly with no benefits to health
oversupply
I feel that our biggest problem is that not enough people can afford health insurance in this country.
Culture - America as a whole seems to have a self-indulgent responsibility-free way of living, and it's evident in many ways, including healthcare usage, health lifestyle, and end of life care.
Too much restriction on physicians and patients due to insurance coverage concerns. Lack of affordable healthcare.
Lack of ability to manage increasing costs of care. Additionally, many health professionals feel they are unfairly compensated for the time invested in their profession, but do not seem to do much to organize for better working conditions
awareness
Middleman
Not all Americans have access to it.
Reaching healthcare to people who cannot afford quality care.
I think the biggest problem is how unaffordable it is becoming.



Drug companies
too expensive to afford .
Rising rates
The fact that there are so many people without insurance, and although they'll get the help they need if emergent, they go into debt afterwards. This is just one huge problem; there are many.
increasing costs to patient and physician, irrelevant to actual patient care
Costs
Overspending - drug makers running low on generics, patient demand for tests/treatments, fear of malpractice, aggressive end of life care.
Too much documentation and bogus protocols.
Everyone wants healthcare but no one wants to pay for it.
Insurance companies
Its expensive.
geriatric care is declining due to lack of providers and decreasing support from Social security and medicare.
Payment system is jacked. First, US pays for virtually all drug R&D. Second, the entitlement system coupled with private insurance giants is crippling the healthcare system.
Lack of insurance coverage for those with pre-existing conditions
Lack of tort reform, reimbursement for procedures -- quantity > quality, and a fat/lazy country. The dominance of insurance companies over all of healthcare doesn't help either.
Overreliance on medication
Skyrocketing costs
So many people lack adequate healthcare due to insurance/money problems. This whole insurance system doesn't work because it's for profit and someone will always lose.
Overuse of antibiotics
Pre-existing Conditions
Insurance
Expense of healthcare for low-income Americans
Malpractice issues influencing care
Insurance companies = for-profit businesses
Access to care and uninsured.
Unfunded mandates
insurance companies and malpractice
Cost for uninsured
lack of coverage
The increasing belief that healthcare is a right.
Lack of patient understanding/taking responsibility for his/her own health. Ex. exercise, healthy eating, showing up to appts.
Disappearance of primary care, lowered incentives for individuals to become physicians
Costs and unnecesary labs/imaging done by doctors increasing burden on the society.
Fractured insurance regulations

Access to healthcare
bureaucratic control
Access to care
Cost and its relation to debt, both private and as a nation
Health care coverage is limited to a small portion of the population, so it needs to be expanded to those who can't necessarily afford it.
Access. Affordability
Insurance system.
Lack of primary care physicians.
Too many greedy people and then too many people who want it for free.
I have no idea.
Insurance Policies
people who don't take care of themselves and demand free healthcare or someone else to foot the bill
Affordable access
Insurance fraud.
Prevention
inefficiency of insurance and service providers
PCP shortage
Insurance inefficiency
That there are only a few big insurance companies. They are not concerned with providing good service because competition for clients is low.
cost, litigation, reimbursement
Insurance companies
Providing access to healthcare to everyone
Our system is driven by profit, not quality of care.
wasteful spending
Over-utilization of the ER and under-utilization of IM/Family Medicine for primary care.
Patients who game the system; doctor-shop until they get the diagnosis/narcotics/medical marijuana license they're looking for.
Amount of debt physicians must bear to get their education.
poor basic health attitudes in this country
How the current level of provided services are going to continue to be paid for
Lawyers->cause defensive medical practices = high costs
Insurance co
Insurance companies and medicine manufacturers control healthcare and too many business-people are involved in the life or death decisions. It's more a corporate decision on who gets treatment and how much a person's life is worth. Also, life expectancies have gone up drastically, and the health-related expenses are going up with them.
There is a steady decline in the number of students graduating from medical school, and it is becoming increasingly harder to get into medical school.
Not enough money to expand healthcare, simple as that.

<b>Please answer the following question about your career prospects.</b>							
<i>Answer Options</i>	<i>Very Negative</i>	<i>Negative</i>	<i>Neutral</i>	<i>Positive</i>	<i>Very Positive</i>	<i>Rating Average</i>	<i>Response Count</i>
Are you positive or negative about the prospects for your health professional career?	5	64	211	575	250	3.91	1105
answered question						1105	1105
skipped question						18	18

<b>What average annual income do you anticipate for your career?</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Less than \$50,000	1.0%	11
\$50,000 - \$100,000	12.1%	134
\$100,000 - \$150,000	22.1%	245
\$150,000 - \$200,000	25.5%	283
\$200,000 - \$250,000	19.1%	212
\$250,000 - \$300,000	11.2%	124
More than \$300,000	9.0%	100
answered question	1109	1109
skipped question	14	14

<b>How much of a burden was it to pay off your educational debt or will it be?</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
None/minimal	9.8%	109
Minor	11.6%	129
Moderate	37.1%	413
Large	29.6%	330
Unknown/not sure	11.9%	132
answered question	1113	1113
skipped question	10	10

<b>How long will it or did it take you to repay your educational debt after you complete(d) your education?</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
0-4 years	17.3%	192
5-8 years	15.6%	173
9-12 years	19.1%	212

12-16 years	6.9%	77
16-20 years	6.5%	72
More than 20 years	5.7%	63
Unknown/not sure	29.0%	322
answered question	1111	1111
skipped question	12	12

**Education Level: High School (currently enrolled or completed)**

The questions shown below were those asked of respondents who indicated that they were currently enrolled in or had completed high school.

What doctoral level health profession do you plan to pursue?		
Answer Options	Response Percent	Response Count
Medicine – Allopathic (MD)	50.0%	3
Medicine – Osteopathic (DO)	0.0%	0
Medicine – Physician Scientist (MD/PhD, DO/PhD)	0.0%	0
Audiology (AuD)	0.0%	0
Dentistry (DDS, DMD)	0.0%	0
Optometry (OD)	0.0%	0
Pharmacy (PharmD)	16.7%	1
Physical Therapy (DPT)	0.0%	0
Podiatry (DPM)	0.0%	0
Psychology (PhD, PsyD)	16.7%	1
Veterinary (DVM)	0.0%	0
Other/not pursuing doctorate	16.7%	1
answered question	6	6

Note: The question below (“What specialty do you plan to pursue?”) was asked only of those respondents targeting a medical degree: Allopathic (MD), Osteopathic (DO), or Physician Scientist (MD/PhD, DO/PhD).

What specialty do you plan to pursue?		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Allergy and Immunology	0.0%	0

Anesthesiology	0.0%	0
Colon and Rectal Surgery	0.0%	0
Dermatology	0.0%	0
Emergency Medicine	0.0%	0
Family Medicine	0.0%	0
Internal Medicine - General	0.0%	0
Internal Medicine - Cardiology	0.0%	0
Internal Medicine - Endocrinology and Metabolism	0.0%	0
Internal Medicine - Gastroenterology	0.0%	0
Internal Medicine - Hematology	0.0%	0
Internal Medicine - Infectious Diseases	0.0%	0
Internal Medicine - Medical Oncology	0.0%	0
Internal Medicine - Nephrology	0.0%	0
Internal Medicine - Pulmonary Disease	0.0%	0
Internal Medicine - Rheumatology	0.0%	0
Medical Genetics	0.0%	0
Neurological Surgery	0.0%	0
Neurology	0.0%	0
Nuclear Medicine	0.0%	0
Obstetrics and Gynecology	0.0%	0
Ophthalmology	0.0%	0
Orthopaedic Surgery	0.0%	0
Otolaryngology—Head and Neck Surgery	0.0%	0
Pathology	0.0%	0
Pediatrics	0.0%	0
Physical Medicine and Rehabilitation	0.0%	0
Plastic Surgery	0.0%	0
Preventive Medicine - Aerospace Medicine	0.0%	0
Preventive Medicine - Occupational Medicine	0.0%	0
Preventive Medicine - Public Health and General Preventive Medicine	0.0%	0
Psychiatry	0.0%	0
Radiology - Diagnostic Radiology	0.0%	0
Radiology - Radiation Oncology	0.0%	0
Surgery	66.7%	2
Thoracic Surgery	0.0%	0
Urology	0.0%	0
Other	0.0%	0

Undecided	33.3%	1
answered question	3	3

<b>Have you attended or do you plan to attend a community college before transferring to a university?</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Yes	16.7%	1
No	83.3%	5
answered question	6	6

Note: The question below (“Why did you or will you attend community college?”) was asked only of those respondents that said that they attended or planned to attend community college before transferring to a university.

<b>Why did you or will you attend community college?</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Financial	100.0%	2
Family issues/ responsibilities	0.0%	0
Academic	0.0%	0
Work	0.0%	0
Other (please specify)	0.0%	0
answered question	2	2

<b>What major life decisions have been or will be impacted by debt concerns? Select all that apply.</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Community college attendance	16.7%	1
Undergraduate school selection (what school to attend)	50.0%	3
Graduate school selection (what school to attend)	16.7%	1
Health profession pursued (i.e., becoming a physician versus a psychologist)	50.0%	3
Specialty	16.7%	1
Practice type	16.7%	1
Where to live	50.0%	3
Pursuit of additional training	16.7%	1
Home ownership	33.3%	2

Other (please specify)	0.0%	0
answered question	6	6

**Education Level: College/University (currently enrolled or completed) or Bachelors**

The questions shown below were those asked of respondents who indicated that they were currently enrolled at a college or university or who had achieved their bachelors degree.

<b>What doctoral level health profession do you plan to pursue?</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Medicine – Allopathic (MD)	56.6%	325
Medicine – Osteopathic (DO)	9.1%	52
Medicine – Physician Scientist (MD/PhD, DO/PhD)	4.0%	23
Audiology (AuD)	0.2%	1
Dentistry (DDS, DMD)	10.5%	60
Optometry (OD)	1.4%	8
Pharmacy (PharmD)	6.3%	36
Physical Therapy (DPT)	1.2%	7
Podiatry (DPM)	0.7%	4
Psychology (PhD, PsyD)	1.9%	11
Veterinary (DVM)	5.4%	31
Other/not pursuing doctorate	2.8%	16
answered question	574	574

Note: The question below (“What specialty do you plan to pursue?”) was asked only of those respondents targeting a medical degree: Allopathic (MD), Osteopathic (DO), or Physician Scientist (MD/PhD, DO/PhD).

<b>What specialty do you plan to pursue?</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Allergy and Immunology	0.5%	2

Anesthesiology	2.8%	11
Colon and Rectal Surgery	0.0%	0
Dermatology	1.5%	6
Emergency Medicine	10.5%	42
Family Medicine	4.5%	18
Internal Medicine - General	2.5%	10
Internal Medicine - Cardiology	2.3%	9
Internal Medicine - Endocrinology and Metabolism	1.3%	5
Internal Medicine - Gastroenterology	0.3%	1
Internal Medicine - Hematology	0.0%	0
Internal Medicine - Infectious Diseases	1.3%	5
Internal Medicine - Medical Oncology	2.3%	9
Internal Medicine - Nephrology	0.0%	0
Internal Medicine - Pulmonary Disease	1.0%	4
Internal Medicine - Rheumatology	0.3%	1
Medical Genetics	0.0%	0
Neurological Surgery	2.3%	9
Neurology	4.5%	18
Nuclear Medicine	0.0%	0
Obstetrics and Gynecology	1.5%	6
Ophthalmology	1.0%	4
Orthopaedic Surgery	5.8%	23
Otolaryngology—Head and Neck Surgery	0.5%	2
Pathology	2.8%	11
Pediatrics	5.3%	21
Physical Medicine and Rehabilitation	0.0%	0
Plastic Surgery	1.3%	5
Preventive Medicine - Aerospace Medicine	0.0%	0
Preventive Medicine - Occupational Medicine	0.3%	1
Preventive Medicine - Public Health and General Preventive Medicine	0.0%	0
Psychiatry	1.3%	5
Radiology - Diagnostic Radiology	2.3%	9
Radiology - Radiation Oncology	1.0%	4
Surgery	8.0%	32
Thoracic Surgery	1.5%	6
Urology	0.0%	0
Other	0.3%	1



Undecided	30.0%	120
answered question	400	400

<b>Have you attended or do you plan to attend a community college before transferring to a university?</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Yes	24.8%	142
No	75.2%	430
answered question	572	572

Note: The question below (“Why did you or will you attend community college?”) was asked only of those respondents that said that they attended or planned to attend community college before transferring to a university.

<b>Why did you or will you attend community college?</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Financial	73.2%	104
Family issues/ responsibilities	24.6%	35
Academic	28.2%	40
Work	28.2%	40
Other (please specify)	19.7%	28
answered question	142	142

<b>How would you rate the following items for your UNDERGRADUATE institution?</b>								
<i>Answer Options</i>	<i>Terrible</i>	<i>Poor</i>	<i>Average</i>	<i>Good</i>	<i>Excellent</i>	<i>N/A</i>	<i>Rating Average</i>	<i>Response Count</i>
Education Received	1	12	65	226	264	0	4.30	568
Value for the Money	5	24	101	199	233	2	4.12	564
Pre-Health/Pre-Psych Advice	35	100	141	143	103	39	3.34	561
answered question							568	568

<b>How much UNDERGRADUATE educational debt will you or did you have when you finish(ed) your <del>gde</del>?</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
\$0	41.3%	233
Less than \$20,000	22.5%	127

\$20,000 - \$40,000	21.3%	120
\$40,000 - \$60,000	8.3%	47
\$60,000 - \$80,000	3.9%	22
More than \$80,000	2.7%	15
answered question	564	564

<b>What major life decisions have been or will be impacted by debt concerns? Select all that apply.</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Community college attendance	13.1%	69
Undergraduate school selection (what school to attend)	34.8%	183
Graduate school selection (what school to attend)	55.5%	292
Health profession pursued (i.e., becoming a physician versus a psychologist)	32.3%	170
Specialty	40.1%	211
Practice type	32.3%	170
Where to live	57.2%	301
Pursuit of additional training	32.3%	170
Home ownership	36.9%	194
Other (please specify)	5.9%	31
answered question	526	526

### **Education Level: Graduate**

The questions shown below were those asked of respondents who indicated that they were currently enrolled at a graduate or professional school, or who had achieved either their masters or doctorate degree.

<b>What doctoral level health profession are you pursuing or have you achieved?</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Medicine – Allopathic (MD)	51.3%	278
Medicine – Osteopathic (DO)	17.7%	96
Medicine – Physician Scientist (MD/PhD, DO/PhD)	4.6%	25

Audiology (AuD)	0.2%	1
Dentistry (DDS, DMD)	6.5%	35
Optometry (OD)	0.6%	3
Pharmacy (PharmD)	6.5%	35
Physical Therapy (DPT)	1.1%	6
Podiatry (DPM)	0.4%	2
Psychology (PhD, PsyD)	2.8%	15
Veterinary (DVM)	4.1%	22
Other/not pursuing doctorate	4.4%	24
answered question	542	542

Note: The question below (“What specialty are you pursuing or are you practicing currently?”) was asked only of those respondents pursuing or who have a medical degree: Allopathic (MD), Osteopathic (DO), or Physician Scientist (MD/PhD, DO/PhD).

<b>What specialty are you pursuing or are you practicing in currently?</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Allergy and Immunology	0.0%	0
Anesthesiology	7.0%	28
Colon and Rectal Surgery	0.0%	0
Dermatology	1.8%	7
Emergency Medicine	10.3%	41
Family Medicine	7.0%	28
Internal Medicine - General	6.3%	25
Internal Medicine - Cardiology	2.0%	8
Internal Medicine - Endocrinology and Metabolism	0.3%	1
Internal Medicine - Gastroenterology	0.5%	2
Internal Medicine - Hematology	0.0%	0
Internal Medicine - Infectious Diseases	0.8%	3
Internal Medicine - Medical Oncology	2.3%	9

Internal Medicine - Nephrology	0.3%	1
Internal Medicine - Pulmonary Disease	0.3%	1
Internal Medicine - Rheumatology	0.3%	1
Medical Genetics	0.5%	2
Neurological Surgery	1.3%	5
Neurology	1.8%	7
Nuclear Medicine	0.0%	0
Obstetrics and Gynecology	2.8%	11
Ophthalmology	3.3%	13
Orthopaedic Surgery	2.8%	11
Otolaryngology— Head and Neck Surgery	0.5%	2
Pathology	1.5%	6
Pediatrics	6.0%	24
Physical Medicine and Rehabilitation	2.0%	8
Plastic Surgery	0.3%	1
Preventive Medicine - Aerospace Medicine	0.0%	0
Preventive Medicine - Occupational Medicine	0.0%	0
Preventive Medicine - Public Health and General Preventive Medicine	0.3%	1
Psychiatry	5.3%	21
Radiology - Diagnostic Radiology	2.3%	9
Radiology - Radiation Oncology	1.5%	6
Surgery	2.0%	8
Thoracic Surgery	0.5%	2
Urology	1.0%	4
Other	1.3%	5

Undecided	24.6%	98
answered question	399	399

<b>Have you attended or do you plan to attend a community college before transferring to a university?</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Yes	20.8%	113
No	79.2%	430
answered question	543	543

Note: The question below (“Why did you or will you attend community college?”) was asked only of those respondents that said that they attended or planned to attend community college before transferring to a university.

<b>Why did you or will you attend community college?</b>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Financial	75.2%	85
Family issues/ responsibilities	19.5%	22
Academic	30.1%	34
Work	29.2%	33
Other (please specify)	17.7%	20
answered question	113	113

<b>How would you rate the following items for your UNDERGRADUATE institution?</b>								
<i>Answer Options</i>	<i>Terrible</i>	<i>Poor</i>	<i>Average</i>	<i>Good</i>	<i>Excellent</i>	<i>N/A</i>	<i>Rating Average</i>	<i>Response Count</i>
Education Received	1	5	59	209	259	8	4.35	541
Value for the Money	6	28	81	167	252	7	4.18	541
Pre-Health/Pre-Psych Advice	36	100	139	123	96	46	3.29	540
answered question							541	541

<b>How would you rate the following items for your GRADUATE institution?</b>								
<i>Answer Options</i>	<i>Terrible</i>	<i>Poor</i>	<i>Average</i>	<i>Good</i>	<i>Excellent</i>	<i>N/A</i>	<i>Rating Average</i>	<i>Response Count</i>
Education Received	2	9	54	195	254	26	4.34	540
Value for the Money	16	56	102	168	171	26	3.82	539
Health Professional Career Advice	13	44	110	170	130	70	3.77	537

answered question	540	540
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**How much UNDERGRADUATE educational debt did you have when you finished your degree?**

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
\$0	51.6%	276
Less than \$20,000	22.8%	122
\$20,000 - \$40,000	15.0%	80
\$40,000 - \$60,000	5.0%	27
\$60,000 - \$80,000	2.4%	13
More than \$80,000	3.2%	17
answered question	535	535

**How much GRADUATE educational debt will you or did you have when you finish(ed) your degree?**

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
\$0	16.9%	91
Less than \$25,000	7.4%	40
\$25,000 - \$50,000	6.9%	37
\$50,000 - \$75,000	5.0%	27
\$75,000 - \$100,000	7.1%	38
\$100,000 - \$150,000	13.4%	72
\$150,000 - \$200,000	17.7%	95
More than \$200,000	25.7%	138
answered question	538	538

**What major life decisions have been or will be impacted by debt concerns? Select all that apply.**

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
Community college attendance	10.2%	51
Undergraduate school selection (what school to attend)	22.2%	111
Graduate school selection (what school to attend)	36.6%	183
Health profession pursued (i.e., becoming a physician versus a psychologist)	28.0%	140
Specialty	50.2%	251
Practice type	44.8%	224
Where to live	62.4%	312
Pursuit of additional training	46.2%	231

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Home ownership	50.8%	254
Other (please specify)	8.8%	44
answered question	500	500