

Supply and Demand for Physicians

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Overview of Talk

- The effect of current policies
- Training issues
 - IOM recommendations
- The effect of new models of care

Current Policies

- > 85% of Medicare enrollees are FFS
- AMA/Specialty Society Relative Value Scale Update Committee (RUC) sets values for new and revised CPT codes to CMS
- RUC favors procedures over E & M codes
- Promotes high volume and higher entry into procedural specialties

Current Policies

- Gaps in Medicare FFS coverage that affect primary care of older persons
 - Omitted disciplines (eg, social work, nutrition)
 - Lack of care coordination except for HH
 - No reimbursement for phone calls or e-mail
 - No patient education except for diabetes
- No incentives for physicians to manage patient in least expensive setting

Training Issues

Physician Credentialing

- Medical school (NBME)
- Board Certification (ABMS/AOA) (~85%)
- Licensing (state level)
- Hospital privileges (individual hospitals)
- Other (professional societies)

Physicians-a taxonomy

- MDs (145 specialties/subspecialties)
- DOs (18 boards and many subspecialties)
- Generalists (35%)
 - IM (13%), FM (13%), pediatrics (8%)
- Specialists (65%)
 - Geriatrics (1%)
 - Specialists (21 other ABMS Boards, 9 surgical)
 - Subspecialists (many, 18 in IM alone)

Physician Workforce

- Not enough geriatrics specialists
 - ~7,100 geriatricians and declining
 - 2007-8 1st year fellows: 264 (~ 2/3 IMG)
 - Second year and beyond: 28
 - ~1,600 geriatric psychiatrists
 - 2007-8 1st year fellows: 58 (~60% IMG)
 - Second year and beyond: 2

Poor Recruitment of Geriatricians

- Negative stereotypes of older adults
- High cost of training
- Hard work
- Inflexible hours
- Lower incomes

Internal Medicine Compensation

	Fill Rate (1 st year)	Median Compensation
Geriatric Medicine	69%	\$162K
GIM	NA	\$177K
Rheumatology	96%	\$200K
Infectious Disease	93%	\$205K
Heme/Oncology	95%	\$358K
Gastroenterology	93%	\$406K

Physician Workforce

- Not enough geriatrics specialists
- Generalist and specialists unprepared to care for older persons
 - 75% graduating medical students reported adequate exposure to geriatrics

Required residency curriculums in geriatrics

- Anesthesiology
- Family Medicine
- Internal Medicine
- OB-GYN
- Neurology
- Physical Medicine and Rehabilitation
- Psychiatry
- Urology

IOM Recommendations Related to Physicians

Increase Competence (4.2)

All licensure, certification, and maintenance of certification for health care professionals should include demonstration of competence in the care of older adults as a criterion.

Expand Training Sites (4.1)

Hospitals should encourage the training of residents in all settings where older adults receive care, including nursing homes, assisted-living facilities, and patients' homes.

Increase Geriatrics Recruitment/retention (4.3)

Public and private payers should provide financial incentives to increase the number of geriatric specialists in all health professions.

Effect of New Models of Care

Redesigning Physicians' Roles

- Physician's role will differ based on patient needs
 - Direct 1:1 care
 - Lead teams
 - Physician may not be the first or primary contact
 - Co-management

The Roles of Physicians

- Determine the patient's objectives
- Data collection (selective)
- Synthesize data
- Determine the medical realities
- Negotiate a treatment plan and expected outcomes
- Monitor and revise the treatment plan
- Be the patient's advocate

The Roles of Consultants

- Advise/manage difficult cases
 - All zebras, all the time
- Help develop protocols for primary care
- Procedures

Skills We Will Need to Develop

- Openness to self-evaluation and change
- Communication
 - With patients, families, and colleagues
 - Oral and written
- Teamy-ness
- Systems thinking
- Leadership