Supply and Demand for Physicians

David B. Reuben, MD
Archstone Foundation Chair and Professor
David Geffen School of Medicine at UCLA
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

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Fill Rate (1st year)</th>
<th>Median Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geriatric Medicine</td>
<td>69%</td>
<td>$162K</td>
</tr>
<tr>
<td>GIM</td>
<td>NA</td>
<td>$177K</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>96%</td>
<td>$200K</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>93%</td>
<td>$205K</td>
</tr>
<tr>
<td>Heme/Oncology</td>
<td>95%</td>
<td>$358K</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>93%</td>
<td>$406K</td>
</tr>
</tbody>
</table>
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.
Expanding 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
- Teamyness
- Systems thinking
- Leadership