Primary Care Doctors Are Disgruntled, M ull Leaving

BY JANE ANDERSON
Contributing Writer

A lmost half of primary care physicians responding to a survey by The Physicians’ Foundation said they plan to reduce the number of patients they see or stop practicing entirely over the next 3 years. In addition, 94% said the time they devote to nonclinical paperwork in the last 3 years has increased, and 63% said that the same paperwork has caused them to spend less time per patient. Moreover, 78% said they believe there is a shortage of primary care doctors in the United States today, while the same percentage said medicine is either “no longer rewarding” or “less rewarding.”

The survey, which painted a grim picture of primary care physicians’ satisfaction with their profession, was mailed to 270,000 primary care physicians and more than 50,000 specialists, and returned by 11,950 physicians.

“I have wanted to be a doctor since I was 4 years old. I made this choice in response to the survey. “If anything, I spend too much time with patients. I also spend far too much time on de-meaning tasks that do not require a medical degree. I am burned out. My income is so low (because I spend so much time with patients and therefore see fewer patients) that I am in debt. It is disgraceful and disgusting that doctors who save lives (and who bear that responsibility) are treated the way we are today.”

Of the 49% of physicians who told surveyors they would stop practice altogether or reduce their patient loads over the next 3 years, 11% said they plan to retire in the next 3 years, 13% said they plan to reduce their patient loads in a second setting, 20% said they would cut back on patients seen, and 10% said they would work part-time.

“Declining reimbursement” rated highest on the list of issues physicians identified as impediments to the delivery of patient care in their practices, followed by “demands on physician time.” Nearly two-thirds said Medicaid reimbursement is less than their cost of providing care, and 36% said Medicare reimbursement does not cover their costs.

Only 17% of the physicians rated the financial position of their practices as “healthy and profitable,” and 45% of physicians said they would retire today if they had their way. The Physicians’ Foundation was founded in 2003 through settlement of a class action lawsuit brought by physicians and medical associations against third-party payers. Its mission is to advance the work of practicing physicians and improve health care quality.

Federation of State Medical Boards Eyes Relicensing Policy

BY MARY ELLEN SCHNEIDER
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P hysicians could face increased re-quirements when renewing their state medical licenses under a draft model pol-icy currently being evaluated by the Federation of State Medical Boards.

Under the draft policy, relicensure would become more comprehensive and require that physicians demonstrate continuing skills and knowledge in their area of prac-tice. As proposed, the maintenance of li-cense process would closely mirror the principles for developing maintenance of licensure and called for research on the impact that the requirements would have on state medical boards and physicians.

Once that research is complete, the draft maintenance of licensure policy likely would be considered by the FSMB House of Delegates at their meeting next May, said Carol Clother, vice president of strategic planning and physician competence initiatives for the FSMB. The idea is to take advantage of activities physicians already are doing to demonstrate their competence and use those to satisfy these requirements, she said.

If the maintenance of licensure policy is accepted by the FSMB House of Delegates, it would be up to individual states and territories to decide if they wanted to adopt, revise, or ignore the model policy.

Since states would make these changes legislatively, it is unlikely to happen quickly, said Dr. James C. Puffer, president and chief executive officer for the American Board of Family Medicine (ABFM). Family physicians who remain current and active with maintenance of certification will have nothing to worry about, he said, since the draft model policy would allow maintenance of certification to satisfy the requirements of maintenance of licensure.

Family physicians may be better prepared for these requirements than physicians in other specialties since family med-icine does not grant lifetime board certification. And so far the participation rate in maintenance of certification has exceeded expectations. Historically, the ABFM recertification rates have been around 75%–80%, but data from the first two cohorts going through maintenance of certification shows rates above 80%.

Medicare Advantage Criteria

Medicare officials have identified 15 chronic conditions that would make individ-uals eligible for enrollment in a Chronic Care Medicare Advantage Spe-cial Needs Plan. The conditions were selected by a panel of advisers as being medically complex, substantially dis-abling or life threatening, and having a high risk of hospitalization or adverse outcome. Included are certain neurologic disorders, stroke, chronic alcohol and other drug dependence, certain aortic aneurysms and certain cardiac disorders, chronic heart failure, dementia, diabetes, end-stage liver disease, end-stage renal disease requiring dialysis, certain severe hematolog-ic disorders, HIV/AIDS, certain chronic lung disorders, and certain chronic and disabling mental health conditions.

The list of conditions is part of new guidelines for the special needs plans that will go into effect in 2010. Medicare officials noted the plan is an ef fort to ensure that the plans stay focused on a specific population and do not expand to the larger Medicare Ad- vantage population.

HHS Releases Quality Measures

The Department of Health and Hu-man Services has released its first-ever inventory of the quality measures its agencies use for reporting, payment, and quality improvement. The HHS quality measure inventory is available from the National Quality Measures Clear inghouse, a Web site run by the Agency for Healthcare Research and Quality, and is designed to advance collaboration within the quality mea-surement community and to synchro-nize measurement, according to the HHS. “This effort is pivotal to achiev-ing the goal of transparency in quality measurement, and as a cornerstone for value-driven health care,” said HHS Secretary Mike Leavitt in a statement. The inventory is available at www.qualitymeasures.ahrq.gov.

Army and NIMH to Study Suicides

The National Institute of Mental Health has signed a memorandum of understanding with the U.S. Army to study suicide and suicidal behavior among active-duty service members, National Guard members, and Army Reservists. The 5-year, $50 million effort will be the largest study of suicide ever un-dertaken by the institute, according to a statement. The goal is to identify risk and protective factors for suicide and to help the Army develop effective inter-vention programs. In 2007, 115 Army members committed suicide; of those, 36 committed suicide while deployed, 50 did so post-deployment, and 29 had never been deployed.

MedPAC Calls for Disclosure

Congress should pass legislation to re-quire drug, device, and medical supply makers and distributors, along with hospitals, to disclose their financial ties to physicians and physician groups, said the Medicare Payment Advisory Commissio-n has decided. The companies also should be required to disclose financial relationships with pharmacies, pharmacists, health plans, pharmacy bene-fit managers, hospitals, medical schools, continuing medical education organizations, patient organizations, and professional organizations. Med-PAC said it will urge Congress to re-quire drug manufacturers to post on a Web site all details about free drug samples given to providers. In addition, MedPAC said that lawmakers should require the HHS to submit a re-port describing financial arrangements between manufacturers. Med-PAC advises Congress on Medicare is-sues, but lawmakers are not required to implement the commission’s recommenda-tions.

Payments Backlogged in West

Medicare payments to physicians in California, Hawaii, and Nevada have been held up because of problems stemming from the new National Provider identifier and from the transition to a new claims proc-essor. Columbia, S.C.–based Palmetto GBA began processing fee-for-service Medicare claims for the three states in September, and the California Medical Association said that it had received calls from more than 1,000 physicians complaining of delays in payment. The transition to Palmetto has been “marred by mistakes,” and “the delay in payments threatens to compromise patient care and provider solvency,” said Rep. Henry Waxman (D-Calif.), in a statement. To address the issue, Palmetto said in a statement that it has added 35 staffed phone lines and ex-pects the backlog will be cleared or nearly cleared by Dec. 31.

—Jane Anderson