State of Medicine in 2017: Challenges and Opportunities

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Disclosures

- I am a former employee of the American College of Physicians (ACP)
- I still consult for ACP, developing educational resources
- The content of my talk is not related to any business interest or product of ACP
- I have no financial relationships with pharmaceutical companies, device manufacturers, etc.
The interrelated healthcare circles

- Patients
- Healthcare system
- Clinicians
- Society
Here are the issues

- Internal medicine as a *profession*: workforce, roles and responsibilities
- Internal medicine’s *responsibilities to patients* and patient-centered care
- Internal medicine’s relationship to *healthcare delivery*
- Internal medicine and *societal issues* affecting public health and healthcare
The interrelated healthcare circles

Patient

Healthcare system

Society

Clinicians
Clinicians

Internal medicine as a profession

- Workforce
- Roles and responsibilities
2017 AAMC projections: physician supply and demand through 2025

- By 2025, overall physician demand > supply: 34,600-88,000. Specific shortfalls:
  - 7800-32,000 primary care physicians
  - 2600-9000 medical specialists
  - 15,000-24,000 surgeons and surgical specialists

- Mostly due to increased aging of the population

- Takes into account more care provided by APRNs, PAs, retail clinics

Source: 2017 update, AAMC workforce projections
PGY-1 matches by students to categorical internal medicine programs: 2017

- **US Senior (allopathic)**, 3245, 45%
- **Non-US IMG**, 2003, 28%
- **US IMG**, 1030, 14%
- **Osteopathic**, 690, 9%
- **Prior US Grad (allopathic)**, 131, 2%
- **Unfilled**, 132, 2%

Source: NRMP 2017 Residency Match Data
Career choices of PGY-3 residents

Source: Internal Medicine In-Training Exam
Internal medicine subspecialty fellowship match: % positions matched 2011-2017

Source: NRMP 2017 Specialty Match Data
General Internal Medicine = Primary Care?

- **Other primary care providers**
  - Family physicians
  - Osteopathic physicians
  - Nurse practitioners

- **Important skill sets potentially distinguishing general internists from other groups**
  - Diagnostic skills
  - Care of more complex patients
  - Care of sicker patients – both chronic and acute (hospital-based) care
Impact of hospital medicine

Zero to 50,000 — The 20th Anniversary of the Hospitalist
Robert M. Wachter, M.D., and Lee Goldman, M.D., M.P.H.

Hospitalists and the Decline of Comprehensive Care
Richard Gunderman, M.D., Ph.D.

## Pros and cons of hospital medicine

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<th>Pros</th>
<th>Cons</th>
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<td>Greater efficiency with responsible physicians on-site</td>
<td>Loss of care continuity from outpatient to inpatient</td>
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<td>More experience handling inpatient problems</td>
<td>Hospitalists lose touch with and skills in ambulatory medicine</td>
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<tr>
<td>Focus on improving inpatient systems of care</td>
<td>Outpatient docs lose touch with and skills in hospital medicine</td>
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<tr>
<td>Focus on collecting data to improve quality and safety</td>
<td>Diminished role for subspecialists on teaching services</td>
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<td>Avoids conflict between inpatient and outpatient</td>
<td>Lack of variety in professional activities can</td>
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Is there a role for other models?

- “Comprehensivist” providing inpatient and outpatient care for sickest, most complex patients requiring frequent hospitalization

- Rotating “hospitalist” within a practice

- For teaching hospitals: “dual attending” system to broaden resident exposure to faculty
The profession: summary of important questions

- Effect of immigration restrictions (and concern about restrictions) on number of IMGs
- Subspecialty workforce, particularly in nephrology and ID
- How general internal medicine positions itself in the future
- Any changes in the trend toward separation of outpatient & inpatient care
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Patient-centered care??

Case history

81 y.o. previously healthy male with a new diagnosis of AML is started on chemotherapy with azacytidine. He requires intermittent RBC and platelet transfusions, and his course is complicated by several episodes of fever, increasing debility, and an increasing sense of hopelessness. His oncologist and NP rarely see him in the hospital. He has a newly diagnosed squamous cell carcinoma on his scalp; Mohs surgery is advised.
Principles of patient-centered care (Picker Institute)

- Respect for patients’ values, preferences, and expressed needs
- Coordination and integration of care
- Information, communication, and education
- Physical comfort
- Emotional support and alleviation of fear and anxiety
- Involvement of family and friends
- Transition and continuity
- Access to care

Source: http://pickerinstitute.org/about/picker-principles/
The patient-centered medical home (PCMH) provides care that is team-based and:

- Patient-centered – partnership among patients, families, and providers
- Comprehensive – wholly accountable for physical and mental health care needs
- Coordinated – across all elements of healthcare system
- Accessible – shorter waiting times, after hours care, electronic or telephone access
- Committed to quality and safety – embracing quality improvement
Patient-centered medical neighborhood

- Includes broader healthcare community interacting with patients, families, and PCMH
- Importance of coordinating care across primary care clinician, consultants, and other healthcare providers
- Bidirectional communication
  - Explicit understanding of expectations of care
- Coordination across care settings – outpatient, inpatient, rehab, assisted care/nursing home
  - Importance of EHR interoperability
Care as a partnership between patients and clinicians

- **Must be expressed at different levels**
  - Micro level: patient-clinician partnership
  - Macro level: patient voice in improving care delivery by practices/systems

- **Examples of initiatives**
  - ACP’s Center for Patient Partnership in Healthcare
  - OpenNotes
  - Patient advisory councils
  - Patient-centered medical education
Partnering with patients in medical education

- Routine incorporation of patient’s perspective, goals, preferences, e.g., in notes
- Change rounds from disease focus to patient focus
- Patients as teachers – understanding patient experience of care
- Patients as evaluators of care provided by trainees

Source: Ann Intern Med. 2014; 161:73-75
The forgotten aspects of patient-centered care

- Effect of patients’ medical issues on life outside the hospital
- Including family and other caregivers – “patient- and family-centered care”
- Impact of medical expenses and need for high value, cost-conscious care
- Other barriers to care, e.g., distance for travel
- Coordination of care across providers and settings
Implementing truly patient-centered care

- How do we assure a *culture* of patient-centeredness in our care of patients?
- How do we effectively provide patient- and family-centered care in a time-constrained, productivity-driven environment?
- How do we train the next generation of physicians to provide patient-centered care?
  - Importance of role modeling
  - Avoiding counterbalancing aspects of “the hidden curriculum”
The interrelated healthcare circles
ACA repeal: the healthcare system’s 21st century “zombie”

Definition of zombie (Merriam-Webster):
A will-less and speechless human (as in voodoo belief and in fictional stories) held to have died and been supernaturally reanimated.
Congressional Budget Office assessment

ACA REPEAL WITH NO REPLACEMENT WOULD LEAD TO 32 MILLION LOSING COVERAGE AND INDIVIDUAL MARKET COLLAPSE

Source: Congressional Budget Office, January 2017

CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG
2017 Kaiser Family Foundation Survey

In the past 12 months, did you or anyone in your household have problems paying or an inability to pay any medical bills, such as bills for doctors, dentists, medication, or home care?

Of the 29% who said yes...

- Cut spending on household items: 73%
- Put off vacations or major household purchases: 71%
- Used up all or most of their savings: 61%
- Taken an extra job or worked more hours: 58%
- Borrowed money from friends or family: 41%
- Increased their credit card debt: 37%
- Taken money out of long-term savings accounts: 31%
- Changed living situation: 25%
- Sought the aid of a charity or non-profit organization: 23%
- Taken out another type of loan (other than a mortgage or payday loan): 14%
- Borrowed money from a payday lender: 12%
- Taken out another mortgage on their home: 6%
Additional issues with repeal efforts

- Eliminating protections for individuals with pre-existing conditions
- Eliminating mandate to include essential benefits
- Decimation of Medicaid and impact on healthcare of those dependent upon Medicaid
- Impact on women’s health and healthcare coverage (e.g., contraception coverage, payment of Planned Parenthood services)
Health plans are required to include 10 essential benefits:

- Preventive, wellness, and disease management services
- Pediatric services, including dental and vision
- Emergency care
- Prescription drugs
- Ambulatory services
- Laboratory services
- Hospitalization
- Mental health and substance abuse services, including behavioral health treatment
- Maternity and newborn services
- Rehabilitation and habilitation services
How do primary care physicians feel?

Primary Care Physician Support for ACA Repeal

- Republican: 32%
- Democrat: 0%
- Overall: 15%
- Trump Voters: 38%
- Clinton Voters: 0%

Source: Pollack, Armstrong and Grande, NEJM 2017
A very incomplete list of organizations opposing Graham-Cassidy bill

- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Emergency Physicians
- American College of Physicians
- American Congress of Obstetricians and Gynecologists
- American Medical Association
- American Osteopathic Association
- American Psychiatric Association
- American Cancer Society
- American Diabetes Association
- America’s Health Insurance Plans
- American Heart Association
- American Hospital Association
- American Nurses Association
IF THE U.S. ADOPTS THE G.O.P.'S HEALTH-CARE BILL, IT WOULD BE AN ACT OF MASS SUICIDE

By Atul Gawande  September 22, 2017

IS HEALTH CARE A RIGHT?

It’s a question that divides Americans, including those from my home town. But it’s possible to find common ground.

By Atul Gawande
The interrelated healthcare circles

- Patients
- Clinicians
- Healthcare system
- Society
Societal issues affecting public health

- Firearms violence
- Climate change
- Socioeconomic determinants of health
Societal issues affecting public health

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A few statistics

- ~33,000 deaths per year related to firearms
- 2nd leading cause of death due to injury for adults and adolescents (after motor vehicle crashes)
- Number of non-fatal firearm-related injuries >2 times the number of fatal injuries
- >300 million guns owned by US civilians, greater than 100 guns/100 people (no other country comes close)
The latest mass shooting – Las Vegas
Legislative Interference with the Patient–Physician Relationship
Steven E. Weinberger, M.D., Hal C. Lawrence III, M.D., Douglas E. Henley, M.D., Errol R. Alden, M.D., and David B. Hoyt, M.D.


Firearm-Related Injury and Death in the United States: A Call to Action From 8 Health Professional Organizations and the American Bar Association
Steven E. Weinberger, MD; David B. Hoyt, MD; Hal C. Lawrence III, MD; Saul Levin, MD, MPA; Douglas E. Henley, MD; Errol R. Alden, MD; Dean Wilkerson, JD, MBA; Georges C. Benjamin, MD; and William C. Hubbard, JD

“Call to Action” published in *Annals*: Endorsed by 52 organizations

- Universal background checks of gun purchasers
- Elimination of physician “gag laws”
- Restricting manufacture and sale of military-style assault weapons and large capacity magazines for civilian use
- Research to support strategies for reducing firearm-related injuries and deaths

Unresolved questions

- What is the responsibility of the physician community to weigh in on societal issues affecting public health?
- At what level should any efforts be targeted – federal, state, local?
- What is the role of physician and other healthcare-related organizations?
- How can policies and politics be separated in an increasingly polarized society?
The bigger the challenge, the bigger the opportunity.