

Primary Care Doctors Are Disgruntled, Mull Leaving

BY JANE ANDERSON
Contributing Writer

Almost 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," wrote one physician in response to the survey. "If anything, I spend too much time with patients. I also spend far too much time on demeaning 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)

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 seek a job in a nonclinical health care 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 the financial means.

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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Physicians could face increased requirements when renewing their state medical licenses under a draft model policy 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 practice. As proposed, the maintenance of licensure process would closely mirror the requirements that the American Board of Medical Specialties has in place for maintenance of certification. The draft policy is a model that state medical boards could use, but individual states would determine whether or how it would be implemented.

Over the last 5 years, the Federation of State Medical Boards (FSMB) has been considering how state medical boards could change these policies to ensure that licensees are competent. The organization's House of Delegates approved guiding 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 would likely be considered by the FSMB House of Delegates at their meeting next May,

said Carol Clothier, vice president of strategic planning and physician competency 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's 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 medicine 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%. ■

POLICY & PRACTICE

Medicare Advantage Criteria

Medicare officials have identified 15 chronic conditions that would make individuals eligible for enrollment in a Chronic Care Medicare Advantage Special Needs Plan. The conditions were selected by a panel of advisers as being medically complex, substantially disabling or life threatening, and as having a high risk of hospitalization or adverse outcome. Included are certain neurologic disorders, stroke, chronic alcohol and other drug dependence, certain autoimmune disorders, cancer excluding precancer conditions, certain cardiovascular disorders, chronic heart failure, dementia, diabetes, end-stage liver disease, end-stage renal disease requiring dialysis, certain severe hematologic 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 list is an effort to ensure that the plans stay focused on a specific population and do not expand to the larger Medicare Advantage population.

HHS Releases Quality Measures

The Department of Health and Human Services has released its first-ever inventory of the quality measures its agencies use for reporting, payment, and quality improvement. The HHS measure inventory is available from the National Quality Measures Clearinghouse, a Web site run by the Agency for Healthcare Research and Quality, and is designed to advance collaboration within the quality measurement community and to synchronize measurement, according to the HHS. "This effort is pivotal to achieving the goal of transparency in quality measurement as a cornerstone of 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 soldiers, National Guard members, and Army Reservists. The 5-year, \$50 million effort will be the largest study of suicide ever undertaken 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 intervention 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.

FDA Opens China Offices

The Food and Drug Administration has opened offices in Beijing, Guangzhou, and Shanghai, China, as part of an effort to improve the safety of food and other consumer products.

"A permanent FDA presence in China will help us address the challenges presented by globalization," said the FDA Commissioner Andrew von Eschenbach in a statement. "We look forward to working with the Chinese government and manufacturers to ensure that FDA standards for safety and manufacturing quality are met before products ship to the United States." Establishing a permanent presence by the FDA in China will greatly enhance efforts to protect consumers in both countries and also will enable the FDA officials to help the Chinese government in its ongoing efforts to improve its regulatory systems for exports to help ensure product safety, agency officials said. The FDA also intends to open offices in other parts of the world and ultimately will have a presence in five geographic regions, including China, India, Europe, Latin America, and the Middle East, the agency said.

MedPAC Calls for Disclosure

Congress should pass legislation to require drug, device, and medical supply makers and distributors, along with hospitals, to disclose their financial ties to physicians and physician groups, the Medicare Payment Advisory Commission has decided. The companies also should be required to disclose financial relationships with pharmacies, pharmacists, health plans, pharmacy benefit managers, hospitals, medical schools, continuing medical education organizations, patient organizations, and professional organizations. MedPAC said it will urge Congress to require 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 report describing financial arrangements between hospitals and physicians. MedPAC advises Congress on Medicare issues, but lawmakers are not required to implement the commission's recommendations.

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 numbers and from the transition to a new claims processor. 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 missteps," 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 expects the backlog will be cleared or nearly cleared by Dec. 31.

—Jane Anderson