Family Medicine Fill Rate Turned Upward This Match

Less than half of the slots (41.4%) were filled by U.S. seniors, a trend AAFP hopes to amend.

BY JOYCE FRIEDEN
Associate Editor, Practice Trends

The fill rate for family medicine residency slots was up slightly from last year, but leaders in the field continue to be concerned about overall interest in the specialty as well as interest among U.S. medical school graduates.

This year, family medicine had 2,711 residency slots; 85.1% of those were filled, a slight increase over last year's fill rate of 82.4%. U.S. seniors filled 41.4% of the slots this year, compared with 40.5% last year.

Dr. Larry Fields, president of the American Academy of Family Physicians, noted that while more people matched to family medicine this year, compared with last, there were also fewer slots available.

As for the high percentage of residency positions being filled by international medical graduates, "we are certainly concerned about that," said Dr. Fields, who practices in Ashland, Ky. The reason for the low fill rate among U.S. graduates is pretty simple: "It's basically the high amount of student debt combined with postresidency income potential," he said.

Medical students are going into specialties that have more regular hours. One reason is that Generation Y has a different set of priorities.

To combat these problems, "The [AAFP] is working very hard to change the postresidency environment so that it is an inducement for people to select the specialty," he said. "Nobody has any argument with the fact that family medicine is the most rewarding career you can have because of the ongoing relationship with patients and families. It comes down to what your environment is going to be after you finish training."

The academy is focusing on payment in particular. "We are working very hard on changing payment systems both with private [insurers] and with Medicare, and we hope to see some efforts come to fruition fairly soon," said Dr. Fields. "For instance, we're all working on changing the Medicare payment formula, which would help everyone. We are also working to increase the value of the evaluation and management codes we use every day in our offices."

Medical liability reform is another area of concern "because that's such a large component of office overhead," he said. "If that was under control, and people didn't have to practice such a large amount of defensive medicine, [it] would be a lot easier as well."

Like family medicine, the match rate for internal medicine residencies also increased slightly, from 97.2% last year to 97.9% this year; 56.3% of the slots were filled by U.S. graduates. Despite the increase, however, the American College of Physicians remained concerned about what appeared to be a decreased level of interest in general internal medicine.

"We're not as much concerned about internal medicine overall if you look at all the subspecialties," said Dr. Steven E. Weinberger, senior vice president for medical knowledge and education at the American College of Physicians in Philadelphia. "The concern is with the number of people going into primary care."

Match Day itself doesn't reveal how many medical students plan to go into internal medicine subspecialties instead of primary care, "in part because a lot of them don't know yet," Dr. Weinberger said. But the ACP also gives residents a questionnaire asking about their plans. "In 1998, 54% of graduating residents were choosing to go into general internal medicine; the comparable number for residents graduating in 2005 was only 20%," he said. "With the aging of Baby Boomers who have more complex chronic diseases, it's going to be harder to find people to coordinate their care, so that's going to be a concern."

Perceived lifestyle issues play a part in graduates' choices, Dr. Weinberger noted. "Medical students are going into things they view as having more regular hours and a better lifestyle," he said. "Some of that is attributed to Generation Y having a different set of values and priorities than an older generation of physicians had. I don't know whether that is truly the case or not, but people do say lifestyle is an issue."

That view was echoed by the National Resident Matching Program (NRMP), which runs Match Day. In a statement, NRMP noted that graduates continued their increasing interest in "lifestyle" specialties that are considered to have more reasonable work hours. For example, 100% of first-year dermatology residency slots were filled, with U.S. seniors filling 93.3% of the slots. In anesthesiology, 97% of the positions were filled, including more than 80% by U.S. seniors.

Overall, more than 26,000 seniors graduating from medical schools—including more than 15,000 U.S. seniors—participated in the match. Nearly 22% of available slots were in internal medicine, making it the largest specialty, according to the NRMP.

Pediatrics was also popular, with 96.5% of its 2,288 slots filled; 72.9% were filled by U.S. seniors. And ob.gyn. continued its upward trend, with 97.9% of its slots filled, 72.4% of them by U.S. seniors. Otolaryngology was new to the match this year and got off to a good start: 98% of the 264 slots offered were filled, 92% by U.S. medical school seniors. ■

POLICY & PRACTICE

Wisconsin Doctors Want Cap Back

Wisconsin doctors hailed the state assembly's passage of a bill from Rep. Curt Gielow (R) that would reinstate a cap on noneconomic damages at $750,000. The 10-year-old cap was overturned by the Wisconsin Supreme Court in 2005, "throwing Wisconsin's once envied medical liability system into turmoil," according to a statement issued by the Wisconsin Hospital Association and the Wisconsin Medical Society. Following the dissolution of the cap, physicians have cancelled their recruiting visits to the state, and premiums for the Injured Patients and Families Compensation Fund have increased by 25%, the associations claimed. "Four awards have already exceeded the previous cap, the number of lawsuits in excess of $1 million [increased] by over 22%, and a stunning $8.4 million verdict was handed down in Dane County," the statement said. "This bill helps doctors concentrate on what concerns them the most: caring for patients," said Dr. Susan Turney, chief executive officer and executive vice president of the Wisconsin Medical Society. "It doesn't change the fact that injured patients are fully compensated for their economic losses yet helps to maintain access to health care in Wisconsin." The state's high court had ruled that the cap was unconstitutional beyond a reasonable doubt. A similar bill has been introduced in the state Senate.

Hospital Ethnicity Data

Most hospitals collect data about the race, ethnicity, and language preference of their patients, but few are using the data to improve health care quality, according to a study that was conducted by the National Public Health and Hospital Institute. Researchers surveyed 500 acute care hospitals and found that half collect information on patients' language, more than three-fourths collect information on patients' race, and half collect information on patients' ethnicity and language preference. Of the hospitals that did not collect this information, more than half said that they did not see the need to. "We are encouraged to know that so many hospitals already have quality data that enable them to develop and monitor interventions to eliminate racial and ethnic disparities in health care," said Marsha Regenstein, Ph.D., the study's lead author and director of NPHHI. "Our challenge now is to work with hospital staff to make sure they recognize the importance of this quality data and that they put the data to use immediately." The study was supported by the Robert Wood Johnson Foundation.

Assessing Pay for Performance

More than 100 pay-for-performance programs were operating around the country as of last September, according to a new report from the Alliance for Health Reform. Members of Congress and the Bush administration also are exploring methods for testing pay for performance within the Medicare program, including Medicare's voluntary physician reporting program which began earlier this year. So far, the private sector has taken the lead on pay for performance, according to the report. A prime example is the Bridges to Excellence program, sponsored by several large employers and operating in Cincinnati, Louisville, Ky., Massachusetts, and Albany/Schenectady, N.Y. The program is expanding into the District of Columbia/Maryland/Virginia area, Minnesota, and Georgia. The group offers payment incentives to high-performing physicians in the area of diabetes and cardiac care, and in the use of health information technology. But despite the success of the Bridges to Excellence model and some others, critics say that there are a number of unanswered questions. For example, proponents of pay for performance need to identify the size of the bonus or penalty needed to make a difference in quality, and to figure out what adjustments need to be made to payment systems across different medical specialties, according to the report.

Fighting Off Bad Bugs

Congress should be taking more aggressive steps to incentivize pharmaceutical and biotechnology industries to fight antibiotic resistance, physicians and other policy makers said during a press conference sponsored by the Infectious Diseases Society of America. The group released its "hit list" of the six most dangerous, drug-resistant microbes. "These are life-threatening drug-resistant infections, and we're seeing them every day," explained Dr. Martin J. Blaser, IDSA president. "What is worse is that our ammunition is running out and there are no reinforcements in sight." Another problem: "Some of the better drugs are more toxic," he said. Robert Guidos, director of public policy with IDSA, noted that Congress has not taken any action to support the implementation of new incentives for drug companies to develop stronger antibiotics. Market exclusivity—a method that has worked favorably in the past for pediatric drugs—would be an option, he said. So would calling for tax credits for the manufacture or distribution of these products. Another option would be to establish an independent commission to identify which drugs are better at combating resistant microbes. "The superbugs are not waiting, and neither should we," Dr. Blaser commented. The top "bad bugs" are methicillin-resistant *Staphylococcus aureus*; *Escherichia coli* and *Klebsiella* species; *Acinetobacter baumannii*; *Aspergillus*; vancomycin-resistant *Enterococcus faecium*; and *Pseudomonas aeruginosa*, according to the IDSA report.

—Jennifer Lubell