Match Day Reveals Slight Increase in IM Fill Rate

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The fill rate for internal medicine positions increased slightly for this year's resident match, but the American College of Physicians remained concerned about what appeared to be a decreased level of interest in general internal medicine.

This year, 4,735 internal medicine residency positions were offered. Of those, 97.9% were filled, with slightly more than half—56.3%—filled by U.S. medical graduates. In 2005, 97.2% of slots were filled, although a slightly higher number of positions were offered (4,768).

"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 noted.

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."

As for the relatively low number of U.S. graduates choosing internal medicine, Dr. Weinberger said there were two reasons for that. "One is financial: It tends to be procedural-based specialties and subspecialties that have much higher reimbursement rates than primary care," he said. "The so-called cognitive specialties have not been reimbursed as well, which is part of our whole dysfunctional payment system."

Perceived lifestyle issues also play a part. "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.

The ACP is trying to address some of these issues, Dr. Weinberger said. First, the college is developing the concept of the "advanced medical home," which would identify physicians who can provide comprehensive care for chronically ill complex patients. These physicians work in teams that coordinate all care for these patients, integrating an understanding of cardiology problems, gastrointestinal problems, and other conditions. The concept includes an endorsement of reimbursement changes to help provide funding for these practices, he said.

The ACP is not the only organization concerned about primary care reimbursement. The American Academy of Family Physicians is working with the Centers for Medicare and Medicaid Services to increase the number of relative value units Medicare assigns to evaluation and management codes; that would increase the payment rates for many services provided to Medicare beneficiaries, said AAFP President Larry Fields. "We hope to see some efforts come to fruition fairly soon."

The ACP also is beginning to redesign internal medicine outpatient training, Dr. Weinberger said. "When residents go through training, they don't have particularly good ambulatory experiences."

One issue is that outpatient training is only one afternoon a week. To go to the outpatient clinic, residents must leave the inpatients they are caring for, which leaves many feeling conflicted and wanting to just get the clinic over with, Dr. Weinberger said. "If they don't have a great ambulatory experience during training, they are less likely to want to go into it."

Another possible factor in the declining interest in primary care careers has been the rise of hospitalists, he added. "Of the people not interested in a specialty, a reasonable number are deciding to go into hospital medicine versus ambulatory medicine." In the resident survey, 12% of respondents said they were planning to become hospitalists, compared with 20% who said they would go into general internal medicine. "So [the hospitalists] are catching up."

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. Family practice had 2,711 slots; 85.1% of those were filled, a slight increase over last year. The filled positions include 41.4% filled by U.S. seniors.

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. General surgery also was popular, with all but 1 of its 1,047 slots filled, 83.3% by U.S. 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 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 more sufficient in combatting 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

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