Intersection of Training, New Delivery Models, and Healthcare Reform

Scott Shipman, MD, MPH
Director of Primary Care Affairs and Workforce Analysis
Association of American Medical Colleges

WWAMI GME Summit
Spokane Mar 31 – Apr 1
A Note on Physician Supply and Adequacy

AAMC projects a shortage by 2025:

<table>
<thead>
<tr>
<th>Primary Care</th>
<th>Subspecialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>12,500-31,000</td>
<td>28,000-64,000</td>
</tr>
</tbody>
</table>
Must maintain humility in workforce projections and research

“. . .No number of graduates would solve the most violent shortcomings of the current health care crisis, and. . .an offer of salvation to this crisis based on a quantity of graduates would be spurious and at later times would rise to haunt or spite its advocates.”

Letter from medical school deans Dr. Cheves Smythe and Dr. Walter Rice to the AAMC Executive Council, Dec 1968

Endorsed by AAMC Exec Council
Health Care Reform: possible workforce implications

30M newly insured?

Utilization

Physician demand

Bend the cost curve?

Efficiency

Cost sharing

Physician demand
Health Care Reform: possible workforce implications

30M newly insured?

Bend the cost curve?

Efficient, effective use of physicians

Utilization

Efficiency

Cost sharing

Physician demand

Physician demand
Volume to value: changing reimbursements will drive clinical transformation
How to deal with a potential physician shortage

- Train more
- Find someone else
- Lose fewer
- Waste less

Shipman, Sinsky, *Health Affairs*, 2013
A Typical Day in Primary Care Clinic, circa 2008

- 18 patient visits
- 24 phone calls
- 12 Rx refills
- 17 e-mail messages
- 20 lab reports
- 11 imaging reports
- 14 consultation reports

Baron, *NEJM*, 2008
Is the day just full, or wasteful?

• 40-45% of a physician’s day in the office is spent outside direct patient care

• *Clerical duties*: 50% of a physician’s time **during a patient visit** is spent on clerical work

• *Administrative tasks*: 30-60 minutes per day on insurance and billing questions

• *Inefficient technology*: the simple has become burdensome (60 minutes/day on non-value added clicking, scrolling, signing on, etc)
A PCP’s view

“I spend 30 minutes before clinic on inbox work and making phone calls...I have a working lunch for charting and inbox work; otherwise I am unable to keep up. I spend another hour at the end of the day completing charts and working on my inbox... I...might spend another 30-60 minutes that night, clearing out my inbox to prepare for the next day. Work on the weekends and days off is generally limited to 1-2 hours to clear out the inbox for the next work day.”

-Group Health primary care physician

Reid, et al, JGIM, 2012
Waste less:

If half of all physicians saved 30 minutes a day and spent that time with one additional patient per day, 15-20 million more physician visits could take place each year.
Workforce retention: Physician Resiliency and Burn-out

54% of physicians burned out
40% screen positive for depression
6.4% with suicidal ideation in past 12 months

Impact on learners?

Clinical training exposure of all kinds influences professional decisions and actions
Examples of innovations that can improve clinician efficiency:

• Team-based care, delegation

• Workflow redesign

• Harnessing technology

Implications and opportunities for training?
How to deal with a potential physician shortage

- Train more
- Lose fewer
- Find someone else
- Waste less

‘Train BETTER’ – a catalyst for care transformation
But how? Observations from 23 Teaching Practices Across the US

23 primary care family medicine, internal medicine, and pediatric residency practices
Study Design & Methods

Data was collected using a structured site visit guide and semi-structured interviews with clinic leadership and staff.

Site visit reports were coded and analyzed independently through an iterative process.

The research team collaborated to identify themes.
Applying a Building Blocks Framework with a Teaching Mission Base

From Tom Bodenheimer, UCSF
Results: Stages of progress

**Traditional teaching clinics:** Have not implemented the fundamental features of that Building Block

**Early Redesign clinics:** Making efforts to redesign towards the Building Block

**Transforming clinics:** Great strides towards implementing the Building Block
Clinic First: 6 Actions to Transform Primary Care Residency Training

1. Consistent resident schedules to prioritize continuity and eliminate inpatient/outpatient tension
2. Develop small core of clinic faculty
3. Create operationally excellent practices
4. Build stable clinic teams
5. Increase resident clinic time to enhance learning and access
6. Engage residents as co-leaders of transformation

Report forthcoming from AAMC and UCSF, Summer 2016
Inefficiency across the care continuum

Team

APN, PA

Primary Care Physician

Subspecialist

Cost
Inefficiency across the care continuum

- Team
- APN, PA
- Primary Care Physician
- Subspecialist

50% increase in referrals from PCP to subspecialists in past decade

Poor communication, coordination

Fragmentation
Impact on learners?

Clinical training exposure of all kinds influences professional decisions and actions
Efficiency across the care continuum

Cost

- Team
- APN, PA
- Primary Care Physician
- Subspecialist
Efficiency across the care continuum

Opportunity to promote more efficient care at the interface of primary care and subspecialty care
Innovations that

- Reduce fragmentation
- Enhance primary care comprehensiveness
- Right size referral rates
- Improve access to specialty care

www.aamc.org/primaryspecialtycare
Project CORE

Coordinating Optimal Referral Experiences

• CMMI Health Care Innovation Award to implement in 5 AMCs

• Understanding gaps and improving clinical workflows around referrals

• Improving communication/coordination between PCPs and specialists

• Leveraging the EMR through condition-specific eConsults and enhanced referrals

• 7 additional AMCs now implementing through a second collaborative with AAMC

www.aamc.org/CORE
Discussion & Questions

Contact information:

Scott Shipman, MD, MPH
Association of American Medical Colleges

202-828-0979
sshipman@aamc.org