Medical Practice in America...
...Past, Present, and Future
Could This Really Be the Doctor of the Future?

Or is it this?
Qualcomm Foundation: The Tricorder X Prize

“We envision a future where mobile technology will bring consumers their healthcare diagnoses in a way that is more accurate, more accessible, and more understandable than today’s doctors.”

- Ancient Egyptians developed a healthcare system and were the first to perform surgery (root canals) circa 3,000 B.C.

- Babylonians created a diagnostic text and were the first to write prescriptions for patients. Physicians' fees varied depending on the patient's social status.

- Greek physicians wrote the Hippocratic Corpus which contained the Hippocratic Oath requiring doctors to adhere to a professional ethical code of responsibilities to a patient.
Stage One: Heroic Medicine

The Age of “Heroic” Medicine (Colonial times to 1800s)

Midwives, herbalists, and patients themselves provided “primary care.”

Physicians were reserved for cases where “heroic measures” were called for.

Benjamin Rush, Proponent of Heroic Medicine
What Were These “Heroic” Measures?

“Surgery” was sharp, brutal, and occasionally effective.
Name the Number One, All-Purpose Medicine for Everything from Constipation to Yellow Fever

Did you say calomel?
The equivalent of prescribing methamphetamine with many of the same effects.

Active ingredient? Mercury.
The Apprentice Will See You Now

No college degree necessary to become a physician

Doctors trained through the apprentice system
Stage Two: Medicine as a Trade (1800s to 1910)

• First medical society in America founded in 1766 (the New Jersey Medical Society)

• A growing number of state medical societies develop their own training programs, regulations, standards of practice and certification, and “proprietary” medical schools
The “Proprietary Model”

• Medicine is taught in small trade schools, unaffiliated with a college or university, run to make a profit.

• In most cases, a college education, lab work, and dissection are not required.
Abraham Flexner….not a physician nor a scientist. An educator. Visited all 155 U.S. and Canadian medical schools and published his report under the aegis of the Carnegie Foundation. 

Source: MedicineNet
By 1919, there are only 85 medical schools in the U.S.

All “proprietary” schools closed

Women students virtually eliminated due to fewer openings

1933 – Number of medical specialties offering board certification: 4

Stage Three

THE AGE OF SPECIALIZATION, FEE-FOR-SERVICE, AND THE HOSPITAL AS WORKSHOP (1920s – 2000s)

Specialization

Number of board certified specialties grows to almost 200. Specialists top the food chain
Stage Three

THE AGE OF SPECIALIZATION, FEE-FOR-SERVICE, AND THE HOSPITAL AS WORKSHOP (1920s – 2000s)

Fee-for-service
Kaiser Steel and employment-based insurance, 1965/Medicare/Medicaid
THE AGE OF SPECIALIZATION, FEE-FOR-SERVICE, AND THE HOSPITAL AS WORKSHOP (1920s – 2000s)

The Workshop

Hospitals become the physician’s workshop. Physicians provide scientific knowledge, patient referrals; hospitals provide space, equipment, personnel and management.
Today: Another Big Change

The Age of Specialization, Fee-for-Service, and the Hospital as Workshop

Has Been Turned Upside Down
Today: Another Big Change
Since 2012, the healthcare system in the United States has seen more changes than in any comparable two-year period in recent memory

- Enrollment of 12.7 million people in insurance plans through the Affordable Care Act (ACA)
- The enrollment of an additional five million Americans in Medicaid
- The number of retail clinics doubled and the number of patient visits is estimated at 10.8 million per year
- An unprecedented number of hospital and medical group consolidations
- A growing physician shortage, dramatically highlighted this year by long lines at Veterans Administration facilities
Today: Another Big Change

From Specialization to Primary Care Medical Home

“Quarterbacks” & Chronic Care Coordinators

Driving the System
Today: Another Big Change

From fee-for-service

“HEADS ON BEDS”
To fee-for-value

The new mantra:
“NO OUTCOMES, NO INCOME”
What are the metrics involved in changing compensation formulas?

- Patient malady improvement and maintenance
- Patient satisfaction
- Administrative/Governance responsibility
- Community outreach
- Peer Review
- Chart documentation and maintenance
- Minimum average patients per day
- Citizenship
- Timely communication
- Completion of departmental objectives
What is the “Goldilocks Zone”?

The right formula for balancing volume and value
Today: Another Big Change

The hospital as workshop to:

- Major healthcare systems AND…
- Large medical groups
- Physician owned specialty hospitals
- Urgent Care centers
- Ambulatory surgery centers
- Free standing emergency departments
- Community Health Centers
- Retail clinics
- Employers
- Insurance companies
Today: Another Big Change

The new mantra: “Be everywhere, all the time”
Stage Four: The Age of Teamwork (2000s and Beyond)

FROM “HEROIC” APPRENTICE, TO TRADESPERSON, TO SPECIALIST TO…POINT GUARD?

- Runs the team
- “Dishes off” to other specialists, nurse practitioners, physician assistants, pharmacists, therapists
- Communicates
- Makes others better
- Knows the “scouting report” (makes data-driven decisions)
- Paid on wins, not points
- Performs in multiple venues (including “home games”)
- Can watch perform on TV (telemedicine)
- There is a shortage of good ones
Who is on the Team Today?

### The Physician Workforce

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total In Practice</td>
<td>767,100</td>
<td></td>
</tr>
<tr>
<td>Number in primary care (FP, IM, PED)</td>
<td>246,239</td>
<td>32.1%</td>
</tr>
<tr>
<td>Number in specialties</td>
<td>520,861</td>
<td>67.9%</td>
</tr>
<tr>
<td>Total residents and fellows</td>
<td>123,190</td>
<td></td>
</tr>
<tr>
<td>Total final year residents</td>
<td>30,212</td>
<td></td>
</tr>
<tr>
<td>Percent male</td>
<td>530,833</td>
<td>69.2%</td>
</tr>
<tr>
<td>Percent female</td>
<td>236,267</td>
<td>30.8%</td>
</tr>
<tr>
<td>Percent international medical graduates</td>
<td>250,075</td>
<td>32.6%</td>
</tr>
<tr>
<td>Percent 56 and older</td>
<td>298,310</td>
<td>38.9%</td>
</tr>
<tr>
<td>Percent 66 and older</td>
<td>100,490</td>
<td>13.1%</td>
</tr>
</tbody>
</table>

*Source: AMA Master File*
# How Do We Stack Up?

<table>
<thead>
<tr>
<th>Country</th>
<th>Physicians per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Greece</td>
<td>6.2</td>
</tr>
<tr>
<td>2. Austria</td>
<td>4.9</td>
</tr>
<tr>
<td>3. Norway</td>
<td>4.2</td>
</tr>
<tr>
<td>4. Portugal</td>
<td>4.1</td>
</tr>
<tr>
<td>5. Germany</td>
<td>4.0</td>
</tr>
<tr>
<td>6. Sweden</td>
<td>3.9</td>
</tr>
<tr>
<td>7. Switzerland</td>
<td>3.9</td>
</tr>
<tr>
<td>8. Spain</td>
<td>3.8</td>
</tr>
<tr>
<td>9. Czech Republic</td>
<td>3.7</td>
</tr>
<tr>
<td>10. Italy</td>
<td>3.7</td>
</tr>
<tr>
<td>11. Iceland</td>
<td>3.6</td>
</tr>
<tr>
<td>12. Denmark</td>
<td>3.5</td>
</tr>
<tr>
<td>13. Slovak Republic</td>
<td>3.4</td>
</tr>
<tr>
<td>14. Australia</td>
<td>3.3</td>
</tr>
<tr>
<td>15. Estonia</td>
<td>3.3</td>
</tr>
<tr>
<td>25. United States (Active Only)</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Source: Becker’s Hospital Review, July 2014
Health Security Act of 1993

- Bureau of Health Professions overestimated physician supply and predicted a physician surplus
- Projected slower population growth than actually occurred
- Ignored development of new therapies and procedures
Physician Supply Capped

- Balanced Budget Act of 1997 capped number of residencies supported by Medicare
- Curtailed physician supply due to estimates of 100,000 too many physicians by 2000
In 2004, Council on Graduate Medical Education (COGME) changed its position and stated there would be 100,000 too few physicians in 2020.
Resident Physician Shortage Reduction Security Act of 2007

“A bill to amend title XVIII of the Social Security Act to provide for the distribution of additional residency positions, and for other purposes”
The Poverty Question: “You Should Take the A-Train”

Source: Richard Cooper, M.D. – University of Pennsylvania: The Wharton School
The Poverty Question: “You Should Take the A-Train”

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The Poverty Question: “You Should Take the A-Train”

Source: Richard Cooper, M.D. – University of Pennsylvania: The Wharton School
The United States is an Anomaly

Source: OECD
Obesity Rates

Graph showing the rate of obesity over time for various countries.
A Voice for Physicians

www.physiciansfoundation.org
How is Physician Morale?

A 2014 survey conducted by the Physicians Foundation and Merritt Hawkins reveals:

- 44% of physicians say their morale is negative…down from 68% in 2012
- Only 50% would recommend medicine as a career

Source: A Survey of America’s Physicians: Practice Patterns and Perspectives, The Physicians Foundation/Merritt Hawkins, 2014
Physician Suicide

- An estimated 400 physicians commit suicide each year, the equivalent of one entire medical school class.

- The physician suicide rate is 20% to 30% higher than the general public.

Source: Louise Andrew, M.D. ET AL. Physician Suicide, Medscape Reference, March 8, 2012
Will They Strike?
### What Do You Plan to Do in the Next One to Three Years?

<table>
<thead>
<tr>
<th>Option</th>
<th>All</th>
<th>Mississippi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue As I Am</td>
<td>56.4%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Cut Back on Hours</td>
<td>18.2%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Retire</td>
<td>9.4%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Switch to Concierge</td>
<td>6.2%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Work Locum Tenens</td>
<td>9.1%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Cut Back on Patients Seen</td>
<td>7.8%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Seek a Non-Clinical Job Within Healthcare</td>
<td>10.4%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Seek Employment with a Hospital</td>
<td>7.3%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Work Part-Time</td>
<td>6.4%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Close My Practice to New Patients</td>
<td>2.4%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Other</td>
<td>5.3%</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

# Arkansas Physician Perspectives

## Percentage of Physicians Overextended or at Capacity

<table>
<thead>
<tr>
<th></th>
<th>Arkansas</th>
<th>State Average</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>85.0%</td>
<td>81.0%</td>
<td>7th</td>
</tr>
</tbody>
</table>

## Percentage of Physicians Accelerating Retirement Plans

<table>
<thead>
<tr>
<th></th>
<th>Arkansas</th>
<th>State Average</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>46.2%</td>
<td>38.7%</td>
<td>5th</td>
</tr>
</tbody>
</table>

## Percentage of Physicians Participating in ACOs

<table>
<thead>
<tr>
<th></th>
<th>Arkansas</th>
<th>State Average</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24.8%</td>
<td>26.4%</td>
<td>27th</td>
</tr>
</tbody>
</table>

## Louisiana Physician Perspectives

### Percentage of Physicians with Positive Professional Morale

<table>
<thead>
<tr>
<th>Louisiana</th>
<th>State Average</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>35.7%</td>
<td>44.4%</td>
<td>47th</td>
</tr>
</tbody>
</table>

### Percentage of Physicians Moving to Concierge Practice

<table>
<thead>
<tr>
<th>Louisiana</th>
<th>State Average</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>28.8%</td>
<td>20.5%</td>
<td>3rd</td>
</tr>
</tbody>
</table>

### Percentage of Physicians Implementing EMR

<table>
<thead>
<tr>
<th>Louisiana</th>
<th>State Average</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>77.3%</td>
<td>85.2%</td>
<td>49th</td>
</tr>
</tbody>
</table>

# Oklahoma Physician Perspectives

## Percentage of Physicians Participating in State Insurance Exchanges

<table>
<thead>
<tr>
<th></th>
<th>Oklahoma</th>
<th>State Average</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>20.6%</td>
<td>33.3%</td>
<td>50th</td>
</tr>
</tbody>
</table>

## Percentage of Physicians Planning to Work Locum Tenens

<table>
<thead>
<tr>
<th></th>
<th>Oklahoma</th>
<th>State Average</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>13.0%</td>
<td>9.1%</td>
<td>8th</td>
</tr>
</tbody>
</table>

## Percentage of Physicians in Private Practice

<table>
<thead>
<tr>
<th></th>
<th>Oklahoma</th>
<th>State Average</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>25.8%</td>
<td>34.6%</td>
<td>39th</td>
</tr>
</tbody>
</table>

# Texas Physician Perspectives

## Percentage of Physicians Who Would Recommend Medicine as a Career

<table>
<thead>
<tr>
<th></th>
<th>Texas</th>
<th>State Average</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>43.1%</td>
<td>49.8%</td>
<td>45th</td>
</tr>
</tbody>
</table>

## Percentage of Physicians Planning to Retire in 1-3 Years

<table>
<thead>
<tr>
<th></th>
<th>Texas</th>
<th>State Average</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>11.7%</td>
<td>9.4%</td>
<td>10th</td>
</tr>
</tbody>
</table>

## Percentage of Physicians in Solo Practice

<table>
<thead>
<tr>
<th></th>
<th>Texas</th>
<th>State Average</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>29.2%</td>
<td>17.2%</td>
<td>1st</td>
</tr>
</tbody>
</table>

The Common Denominator?

Physicians will practice in a growing number of ways...most of which will reduce access to their services:

- Part-time
- Concierge
- Hospital employed
- Locum tenens
- Non-clinical roles
- Eliminate certain payers (Medicaid/Medicare/Charity)
- Traditional (Independent)
- Community Health Centers
Physician Practice Patterns

- Physicians are seeing 3.0% fewer patients per day than in 2012
- They are working 6.0% fewer hours from 2008
- They spend 20% of their time on non-clinical paperwork

Source: A Survey of America’s Physicians: Practice Patterns and Perspectives, The Physicians Foundation/Merritt Hawkins, 2014
Result: A “Silent Exodus”

- A 6% reduction in work hours (from 2008) = a loss of 44,250 FTEs
- 3.0% fewer patients seen per = over 30 million fewer patient encounters
- 20% of time spent on paperwork = a loss of over 139,000 FTE’s

Source: A Survey of America’s Physicians: Practice Patterns and Perspectives, The Physicians Foundation/Merritt Hawkins, 2014
What Does the Future Hold?

• Employed physicians see 7.8% fewer patients per day than owners

• Female physicians see 11.7% fewer patients per day than males

• Physicians older than 45 see 3.5% fewer patients per day than those under 40

Source: A Survey of America’s Physicians: Practice Patterns and Perspectives, The Physicians Foundation/Merritt Hawkins, 2014
Current Physician Shortage Projections

Shortage in primary care will reach 31,100 by 2025 while demand for specialists will exceed supply by 63,700 by 2025

Source: AAMC, March 2015
Physician Access Index
### 2014 Physician Appointment Wait Time Survey

#### How long to schedule a physician appointment in 15 top metros?

<table>
<thead>
<tr>
<th>Metro Area</th>
<th>Average Wait Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston</td>
<td>45.4</td>
</tr>
<tr>
<td>Denver</td>
<td>23.6</td>
</tr>
<tr>
<td>Philadelphia</td>
<td>20.6</td>
</tr>
<tr>
<td>Portland</td>
<td>19.4</td>
</tr>
<tr>
<td>Minneapolis</td>
<td>19.2</td>
</tr>
<tr>
<td>Detroit</td>
<td>17.8</td>
</tr>
<tr>
<td>Washington D.C.</td>
<td>17.8</td>
</tr>
<tr>
<td>New York</td>
<td>16.8</td>
</tr>
<tr>
<td>San Diego</td>
<td>16.2</td>
</tr>
<tr>
<td>Seattle</td>
<td>16.0</td>
</tr>
<tr>
<td>Atlanta</td>
<td>14.0</td>
</tr>
<tr>
<td>Houston</td>
<td>14.0</td>
</tr>
<tr>
<td>Miami</td>
<td>13.6</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>12.2</td>
</tr>
<tr>
<td>Dallas</td>
<td>10.2</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td><strong>18.5</strong></td>
</tr>
</tbody>
</table>

Source: Merritt Hawkins 2014 Wait Time Survey
### Who Accepts Medicaid?

<table>
<thead>
<tr>
<th>Metro Area</th>
<th>Acceptance Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston</td>
<td>73.0</td>
</tr>
<tr>
<td>Denver</td>
<td>63.5</td>
</tr>
<tr>
<td>Philadelphia</td>
<td>63.4</td>
</tr>
<tr>
<td>Portland</td>
<td>55.8</td>
</tr>
<tr>
<td>Minneapolis</td>
<td>53.8</td>
</tr>
<tr>
<td>Detroit</td>
<td>48.0</td>
</tr>
<tr>
<td>Washington D.C.</td>
<td>47.3</td>
</tr>
<tr>
<td>New York</td>
<td>43.1</td>
</tr>
<tr>
<td>San Diego</td>
<td>39.8</td>
</tr>
<tr>
<td>Seattle</td>
<td>39.4</td>
</tr>
<tr>
<td>Atlanta</td>
<td>37.0</td>
</tr>
<tr>
<td>Houston</td>
<td>36.4</td>
</tr>
<tr>
<td>Miami</td>
<td>34.4</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>23.6</td>
</tr>
<tr>
<td>Dallas</td>
<td>23.0</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td><strong>45.7</strong></td>
</tr>
</tbody>
</table>

Source: Merritt Hawkins 2014 Wait Time Survey
The $64,000 Question: How Will the Physician of the Future Cope?
By Embracing a New Staffing Paradigm

THE “CONE OF COMPLEXITY”

The Age of Teamwork

- Medical specialists
- Primary care physicians
- Pharmacists (PharmD)
- Advanced practice Nurses/PAs
- Nurse specialists
- Therapists
- LPNs
- Nurses aides
- Case managers
By Embracing a New Staffing Paradigm

The Role of NPs and PAs: A Supplement, Not a Substitute

155,000 NPs
86,000 PAs

20 states allow NPs a full, unsupervised scope of practice
The Retail Boom

- Retail clinics relieve the burden of routine office visits on physicians
- 1,400 retail clinics today
- Number of visits to retail clinics 2007: 1.4 million
- Number of visits to retail clinics 2010: 4.1 million
- By 2020, pharmacy-based clinics will be the largest providers of primary care services
- Average cost for a 14-day episode of 10 most common diagnoses in a retail clinic: $484-$543
- Average cost in doctors office, hospital outpatient department, or ED: $704
- Walgreen’s patients in CA and MI can now contact physician through mobile app

Source: Modern Healthcare, November 2013
The Doctor Will See You Now

Today’s physicians are seeing patients in more and different ways than before.
The Complexivist Will See You Now

A term coined by Clement Bezold, PhD, at the Institute for Alternative Futures for Physicians, for physicians who will focus on care management of patients with multiple chronic conditions, treating illnesses, and monitoring physical activity, nutrition, and social/behavioral determinants of health.

Source: AMN’s Guide to Healthcare Staffing
The chance to finish medical school early attracts students burdened with six-figure education loans.

Allowing students to finish medical school faster and reduce student loan debt entices medical students to move to primary care rather than more lucrative specialties.

NYU, Texas Tech University, and Columbia University have already launched three-year medical school programs.

The 2015 MCAT will include questions that focus on the psychological, social, and biological foundations of behavior.

Kaiser Permanente implemented a training program focusing on empathy and patient satisfaction.

Since implementing the program, member satisfaction scores have risen steadily while reducing costs.

Milt Hammerly, M.D., studied "emotional intelligence" and concluded that higher emotional intelligence leads to greater patient satisfaction and clinical outcomes.

Source: Hospital and Health Networks, October 2013
The Grand-Aide Will See You Now

- Healthcare provider who possesses “the temperament and personality of a good grandparent”

- Improve preventive care and self-care while keeping people out of clinical settings who could be better cared for at home

- A 2012 Health Affairs study calculated the cost of each Grand-Aides encounter to be $16.88 – considerably less costly than a doctor or emergency department visit

- Allow physicians to focus their time on new patients and to give more attention to the most critical cases

Source: Journal of the American Board of Family Medicine
The Physician Will See You Now…
and You, and You, and You, and You…

Shared Medical Appointments
• 6 to 15 patients
• 90 minutes
• Physicals
• Well-child check-ups
• Pre-natal care
• Chronic illness management

“There is sufficient data to support the effectiveness of group visits in improving patient and physician satisfaction, quality of care, quality of life and in decreasing emergency department and specialist visits.”

Source: Journal of the American Board of Family Medicine
The Robot Will See You Now

• Cleaning by hand can disinfect a room to an 85% level, but ultraviolet light from the Xenex robot “Gigi” can clean the room to 99.9%

• A growing number of hospitals are using “telepresence robots” to expand access to medical specialists

• Mobile videoconferencing machines that stand about on wheels and are about five feet tall with a large screen that projects the doctor’s face

Source: Associated Press, November 2013
The Virtually Trained Surgeon Will See You Now

- Training for surgeons involves a gradual process of assisting doctors before slowly taking over bigger portions of the surgery.
- Virtual reality provides an alternative that could speed up the process.
- Stanford University’s endoscopic sinus surgery simulation uses CT scans from patients to create 3D models for practice with haptic feedback.

Source: TechRepublic, April 2015
The Mobile App Will Triage You Now

There are more than 40,000 healthcare apps on iTunes

American Well in 2013 offers what it claims is the first live, immediate, virtual physician exams via mobile devices, the web, and at kiosks

$49 for 10 minutes with a physician – or just send a picture of your sore throat!

Source: National Journal, November 2013
“Do It Yourself Medicine” Connects You to the Doctor and Saves Time

- Wireless home monitoring devices will increasingly connect patients to physicians
- Patients can take their own weight, blood pressure, and other key metrics and in doing so avoid those “everything is the same” doctor visits
- The Boston-area Center for Connected Health program enrolled 1,200 patients and produced a 50% reduction rate in heart failure related 30-day readmissions and a 44% reduction in non-heart failure readmissions
- Key: Pay doctors for non-face-to-face visits

Source: HealthLeaders, October 2013
Telephone Management Intervention

- Keep patients (and doctors) out of the ED
- A study of Medicare Advantage enrollees showed that telephone management intervention delivered by nurses reduced diabetes-related hospitalizations by 37% and diabetes related ED visits by 29%
- Through case management, the study predicts overall demand for endocrinologists could be reduced by 4-5%

Source: Health Affairs, November 2013
Goodbye “Eminence-Based” Medicine

“Eminence Based Medicine”
Making the same mistakes with increasing confidence over an impressive number of years

“Evidence Based Medicine”
Rapidly integrating individual clinical expertise with the best available external clinical evidence from systematic research.

~BMJ, Vol. 1 Sept 2001
The End of End-of-Life Care As We Know It?

- Denmark may be the trendsetter
- Since patients were not having their end-of-life wishes met, the country changed course from well over half of people dying at hospitals a decade ago to 92% dying at home today
- Medicare to Pay for Counseling on End-of-Life Care, Effective January 1, 2016

Source: Pharma and Healthcare, July 2013
And By the Way…

ICD 10 is here

ICD 9: 19,817 codes
ICD 10: 141,060 codes
The Real Age of Heroic Medicine?

✓ “Targeted therapies” avoid the “carpet bomb” approach
✓ Reduced side effects, reduced doctor visits
✓ BioPrinters
✓ Face Transplants
✓ Teleradiology/Telemedicine
✓ Non-invasive Techniques
✓ Gene Therapy
✓ Neuroprosthetics
✓ “Smart” helmets
✓ Asthma breath app
✓ Ingestible sensors
✓ Mobile texting for pregnant women
✓ TweetPee

One out of three people born in the United States today will live to be 100
The Real Age of Heroic Medicine?

- Sergio Canavero from Italy will partner with Chinese surgeon Ren Xiaoping
- Duo will plan the head transplant procedure intended for Valery Spiridonov, a 30-year-old who has muscular atrophy
- The techniques allow the patient's head to be grafted onto a healthy body
- However, each operation will cost an estimated £7.5 million to complete

Source: The Guardian, October 2015
Fast PCR machine can recognize disease-causing pathogens by obtaining the bacterium or virus DNA and rapidly copying it to identify the illness.

Submit a sample and have it processed while the doctor performs a check-up.

Appropriate treatment could be decided upon before the exam is completed.

Source: San Jose Mercury News, January 2014
Time will tell, but so far, nobody has picked up their $10 million prize.
Continue the Conversation

- Psychiatry: “The Silent Shortage”
- Physician Supply Comparisons: Physicians by Select Specialties Practicing in Each State and Licensed in Each State but Practicing Elsewhere
- The Aging Physician Workforce: A Demographic Dilemma
- Nurse Practitioners and Physician Assistants: Supply, Distribution, and Scope of Practice Considerations
- The Physician Shortage: Data Points and State Rankings
- Physician Supply Considerations: The Emerging Shortage of Medical Specialists
- RVU FAQ: Understanding RVU Compensation in Physician Employment Agreements
- The Economic Impact of Physicians
- Ten Keys to Physician Retention
- Trends in Incentive-Based Physician Compensation
- Population Health Management and Clinical Staffing
- Telehealth: The Integration of Telecommunication into Patient/Provider Encounters
- Convenient Care: Growth and Staffing Trends in Urgent Care and Retail Medicine
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If you have any questions, please contact Kurt Mosley at:
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