



2011 Physician Needs Assessment Public Summary

Vermont Medical Society Education and Research Foundation

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About this Report

The 2011 Physician Needs Assessment was conducted by the Vermont Medical Society Education and Research Foundation (the Foundation) to gain insight and actionable information about the needs of Vermont's physicians and their patients. The effort consisted of in-depth interviews with a cross section of Vermont physicians. A qualitative approach using focused interviews was chosen as it is the best way to gain detailed and nuanced information about problems confronting the state's physicians and their communities.

The interviews offer unique insight about the state of Vermont's health care system. The Foundation has written this summary document to share its findings with the state's government, health care and business leaders with the hopes that they will find these perspectives valuable in their discussions about the reorganization of Vermont's health care system.

Those interviewed included Foundation board members, Vermont Medical Society council members and presidents of Vermont hospital medical staffs. Both physicians in independent practice and those employed by hospitals or medical schools were included, as was one retiree, an administrator of a large health care organization, and a public health professional who has worked at the interface between public health and the health care delivery system. Respondents came from Addison, Bennington, Caledonia, Chittenden, Franklin, Rutland, Washington, Windham, and Windsor counties.

About the Vermont Medical Society Education and Research Foundation, Inc.

The Vermont Medical Society Education and Research Foundation, Inc. is a not-for-profit public benefit corporation organized exclusively for charitable, educational and scientific purposes. The mission of the Foundation is to advance the public good by supporting evaluation, education and improvement in the field of health.

The Vermont Medical Society created the Foundation as a distinct entity with its own governance structure in order to further promote the health of all Vermonters through physician leadership, professionalism and shared-decision making.

Problem: Not Enough Time for Patient Care

Physicians strongly feel that the current practice environment allows too little time to see their patients and requires too much time attending to financial, regulatory and administrative requirements.

The problem as expressed by physicians interviewed is two-fold:

- Financial stresses that require practices to see more and more patients in a day just to keep the doors open; and,
- Restrictive requirements imposed on practices by government and payers, such as submitting and resubmitting insurance claims, justifying treatments to payers, complying with regulatory requirements and rushed and under-resourced implementation of health information technologies.

Without a change to these dynamics, physicians feel that practices' ability to deliver safe, timely, efficient, and effective care will be severely eroded.

What Doctors Are Saying

... without hesitation, she stated that the financial aspect of her practice and ensuring maximizing revenues occupies her every waking moment of her life. She feels that she spends an inordinate amount of time with chart work and documentation to ensure income. She has no time to talk to her peers, very little time for in-person Continuing Medical Education. She must spend a large amount of her working day maintaining a large patient volume so as to not see shrinking office revenue (Primary care physician with an independent practice)

"...not enough time to do everything that I would like to do. Specifically I would like to see patients at 30 minute intervals instead of 15. I struggle to find the right balance of delegation of tasks to the appropriate person in the office; Joint Commission regulatory requirements restrict distribution of work. I'm a hamster on a wheel just seeing the volume of patients needed to keep lights on. I'm not enjoying work." (Employed primary care physician)

"The essence and value of primary care is still a one-on-one conversation that enables the patient and physician to come to consensus on a path forward given the complex world and medical environment outside the exam room. These interactions are highly rewarding when the time is available to make decisions that you and the patient know and agree are the right ones for them. This process requires time outside the exam room to review and coordinate care." (Employed primary care physician)

He mentioned the uncertainty of what health care reform bodes for an independent practice such as his, particularly in terms of financial reimbursement and increased cost of regulatory compliance. The patterns and processes of the business model he and his partner use to practice are no longer working. "I still like practicing. I don't really believe that my patients are less satisfied than they were previously. The staff may be less happy because they see an increase in frustrating administrative work, yet are overall making less money as the practice has had a salary freeze, they are seeing increased out-of-pocket costs for health insurance, and their end-of-year bonus has been drastically curtailed the past two years. "(Specialty surgeon in an independent practice)

Steps to Address Not Enough Time for Patient Care:

In response to the identified need for better time management, the Foundation has created the **Vermont Practitioners' Resource Center**. A core purpose of the Center will be to assist practitioners with identifying and solving problems that directly interfere with everyday processes of care, particularly problems consuming time that could be redirected towards ensuring individualized, timely quality care.

The need for overall financial reform of the delivery system underlies nearly every statement heard in the Needs Assessment, particularly those highlighting the time stresses currently experienced by physicians and patients. However, financial reform will not mediate all problems, and by itself will not be sufficient for improving care nor the outcomes of care. There are many operational problems that need addressing, and these can best be dealt from within by those closest to where care is asked for and given. Enhanced problem solving capacity at the point of care is critical to ensuring that Vermont's delivery system produces the best value – the best product at the lowest possible cost in the timeliest and most respectful manner.

Secondly, the Foundation asks for the opportunity to partner with other key entities that have the prerogative to address the underlying financial, regulatory and administrative issues that interfere with the time practitioners and patients have adequate time to interact and ensure quality care. These issues include reimbursement for physician and staff time spent on administrative activities such as prior authorization, coordinating care time (including liaison time for primary care and specialty care), phone and online services; and the adoption of uniform statewide or national standards acceptable to physicians for quality data, formularies, prior authorization and claim payment.

Problem: Physicians Concerned About Having a Say in Policymaking and Physician Leadership

A theme that resonated throughout the interviews was the fear of physicians losing their traditional role as keepers of their professional ethic, namely ensuring that they and their peers practice to the highest standards and that patient interest is always placed in front of their own.

According to those interviewed, the biggest threats to this traditional role include government and regulatory policies, increasing professional isolation, and the growing number of physicians making the transition from private independent practice to being employed.

What Doctors are Saying

If all physicians are employed, who is setting the standards for care? The profession or their business-oriented employers? (Employed primary care physician)

"I have been employed for my entire career. Physicians should take leadership over quality issues. The current environment is increasingly able to provide reliable quality information, but we have not implemented it, nor do we have a culture of how to deal with the information, to make action follow reporting. Pay for performance will be dangerous without physician input. Physicians don't have a culture of oversight rather a very defensive culture". (Primary care physician)

He felt that there was a need for "true professional leadership" as opposed to corporate leadership that focused on following the money, maximizing revenues, and compliance with regulatory demands. (Employed primary care physician)

He opined that financial demands have torn apart the professional ethic. He thinks that increased specialization has exacerbated this, by creating a procedure driven culture among physicians and their employers. (Employed primary care physician)

He thought it would be "foolhardy not to be concerned about promoting physician leadership". He doesn't like the corporate model, i.e. putting physicians in suits and focusing on organizational bottom lines. He feels there are already enough opportunities for training and learning; that the issue is more time to participate. He is interested in creating a forum/network of physicians to discuss matters of immediate concern to them related to either their practices or the organizations that they are part of. He's concerned that the new models of governance that are evolving to help hospitals survive are less appropriate than models that would be

designed around the needs of a population, e.g. an Accountable Care Organization. (Independent primary care physician)

He agreed to be President of the Medical Staff with the platform that he wanted to strengthen the relative strength and influence of the medical staff in decision making in comparison to the hospital BOD and administration. He feels physicians need to own quality and safety policy. Physicians need to be more proactive than reactive in matters of self monitoring, peer monitoring and always promoting patient needs before their own or that of a health care delivery organization. (Independent specialty surgeon)

He highlighted the challenge to reconcile the conflicting demands on the profession of being obligated to offer best practice to individual patients while at the same time being responsible for keeping health care expenditures under control from a population perspective. He questioned whether the latter demand was even ethical for physicians to contemplate. (Employed medical specialist)

As a hospitalist in a rural institution, he is very interested in creating a forum/network among physician leaders in the state for the purposes of shared learning and problem solving. He is particularly interested in having at least part of the agenda be difficult or high frequency clinical challenges. He is also interested in having agenda items that focus on shared organizational and management challenges. (Employed hospital-based medical specialist)

“Physicians need more exposure to the skills and knowledge requisite to be involved in health policy discussions and decision making. Without physician input, policy decisions risk being off base from what is scientifically and practically appropriate. Where do physicians look for leadership and knowledge on matters of safety and quality? Could that be a role for the Foundation?” (Retired physician)

Steps to Address Challenges to Medical Professionalism

The Foundation has chosen two countermeasures to address concern about physician contributions towards policy formulation and challenges to both medical professionalism and effective physician leadership.

- 1) The **Vermont Practitioners’ Resource Center** will direct additional resources towards building a statewide learning community helping physicians share and build new knowledge about critical emerging professional issues. The learning community will facilitate communication among Vermont physicians confronting novel challenges such as professional isolation, falling job satisfaction, future recruitment of new peers, and acquisition of leadership skills required in this time of transition from self employment to being employees of larger organizations.

- 2) The Foundation is also proposing to convene the **Vermont Partnership for Value and Science-driven Health Care**. The Partnership will be a resource for the citizens of Vermont specifically established to analyze, evaluate and make recommendations about health care utilization, costs, safety and quality. The principal purpose of the Partnership will be to respond to requests for analysis, evaluation and related information to further the value and quality of healthcare in Vermont. The principal outputs of the Partnership will be targeted reports and recommendations based on the informed opinions of its member organizations. The principal contributors of these reports and recommendations will be economic, evaluation, public health and medical faculty of the Partnership's member organizations, such as the University of Vermont and Dartmouth College.

Additionally, the Foundation will initiate discussions with both key public and private sector individuals and organizations to communicate the current professional duress with the purpose of ensuring continued physician input in policy formation without which effective health care policy will be elusive.

These conversations must be based on the understanding that medicine is, at its center, a moral enterprise grounded in a covenant of trust. This covenant obliges physicians to be competent and to use their competence in the patient's best interests. Physicians, therefore, are both intellectually and morally obliged to act as advocates for the sick whenever their welfare is threatened and for their health at all times.

To these ends, the Foundation will work with the medical profession to reaffirm the primacy of its obligation to the patient through national, state, and local professional societies, academic, research, and hospital organizations. In addition, the Foundation will work with these organizations to ensure that physicians have a voice in health care reform efforts taking place in Vermont in the near future.

Problem: Vermont's Physician Workforce is in Jeopardy

The Needs Assessment identified widespread concern about retaining the current physician workforce and the barriers to recruit replacements.

The generally lower physician reimbursements found in Vermont, downward trending payments for care provided to patients receiving government-sponsored health care and general uncertainty over health care reform have combined to

create a difficult financial environment that threatens the viability of many physician practices. Even among the small number of physicians interviewed, some were actively seeking positions out of the state or asking their local hospital or federally qualified health center to take over their practice in order to stay in business.

And for those who've yet to enter the physician workforce, financial considerations are paramount as well. The typical medical school graduate today has more than \$130,000 in student loan debt. The ability to repay one's debt is a key consideration for these young professionals when it comes to deciding where to practice. Most interviewees opined that the current Vermont market was at a disadvantage for recruiting new physicians because of both pay and lifestyle available here compared to other markets in New England and elsewhere in the United States.

What Doctors Are Saying

He's decided to relocate to another state to develop a new specialty medicine program involving four communities. He's leaving because he can no longer practice in the black in Vermont. He can't afford new blood pressures cuffs, let alone the federal requirement to have an electronic medical record. His peers are all signing on as employees of hospitals, but that's not something he wants to do. He doesn't want a corporate bottom line determining what care is given. (Medical specialist with an independent practice)

Unfortunately personal financial security is the paramount concern of both the current workforce and possibly more so of those physicians in training. High debt due to the cost of education is a very real driver of decisions regarding specialty choice and location of practice. The best thing Vermont has going for it is its environmental appeal as a place to work and live, but unfortunately there are lots of opportunities elsewhere in very livable locations. (Independent primary care physician)

"Vermont isn't the only beautiful place to live and specialty earning potential is much higher than primary care. Students choosing a primary care career forfeit around three million dollars in lifetime earning potential. Current loan repayment amounts available in the state are helpful, but inconsequential compared to this differential." (Employed primary care physician)

He knows physicians can get better offers from other New England states. Health Care Reform is threatening. This is a very difficult time. Lifestyle isn't enough anymore as a Vermont draw. (Independent primary care physician)

The biggest pressure on physicians in this community is the sense of instability; waking up every day not knowing what the future will be. They're concerned about their income, their relationship to hospital and hospital reorganization.

They're struggling with uncertainty about how to strategically plan for the introduction of an Accountable Care Organization reimbursement model. They're all wondering whether they'll have a job in 12 months. (Physician executive reflecting on both employed and independent, primary care and specialty physicians in his community)

....he returned to the grave nature of the finances of his private practice. He is of the opinion that he and his partner will have to become part of the local hospital organization which then would bear some of his overhead and allow them to remain in practice in the state. (Independent specialty surgeon)

Steps to Ensure Vermont's Supply of Physicians is Adequate to Meet our Current and Future Needs

Besides highlighting in this summary the fragile nature of the current physician workforce and concerns about Vermont's future competitiveness in the physician market, the Foundation is of the opinion that both of its new initiatives have potential for easing physician concern about our current and future workforce.

The **Practitioners' Resource Center** will hopefully ease physician concerns by offering statewide peer communities for sharing and building new knowledge about everyday problem solving as well as emerging professional and leadership challenges. No other like resource is offered in other states. It is the Foundation's intent that support for this initiative will maintain the attractive collegial nature of practicing medicine in Vermont.

Additionally, the **Vermont Partnership for Value and Science Driven Health Care** has the potential for helping Vermont compete for the best physician workforce by offering the profession input into state health care policy. Again the Partnership is a novel innovation and not an offer other states can make.

The Foundation will, with state government, the legislature, the Governor and other interested parties, take a number of steps in order that Vermont's supply of physicians is adequate to meet our current and future needs.

These include:

- Addressing the need for increased Medicaid payment and medical malpractice reform to ensure viable physician practices;
- Evaluating both the current supply of physicians in Vermont and identifying how demographic factors, including chronic conditions and an aging population, will affect the need for physicians of various specialties in the future;
- Evaluating the administrative burdens in primary care, including: multiple drug formularies, different disease management plans, and time-consuming prior authorization and documentation requirements;
- Increasing educational loan repayment funding; and,

- Identifying continued scholarship support (such as the Freeman Scholarships) for students at the University of Vermont College of Medicine who wish to practice in Vermont.

Closing Statement

The Foundation undertook its Needs Assessment to identify and prioritize needs as articulated by its principal customers – practicing physicians and their patients.

It is impossible for the Foundation alone to solve the three problem areas highlighted in this summary. Partnership with others is mandatory, and the Foundation will take a leadership role in seeking out partners as well as initiate its own countermeasures towards which others can lend support.