

# Primary Care and Teaching Health Centers

**Fitzhugh Mullan, M.D.**

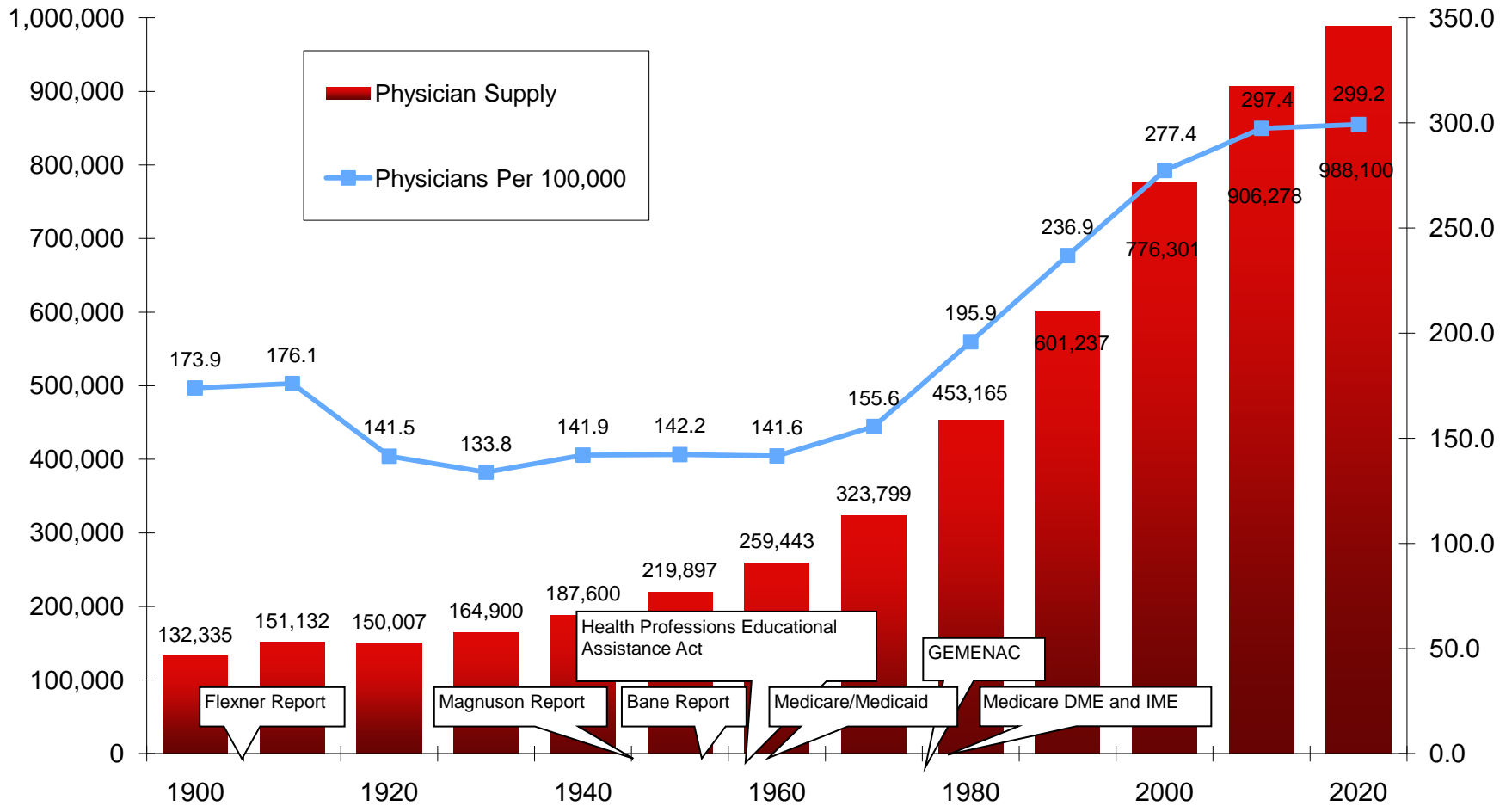
Murdock Head Professor of  
Medicine and Health Policy  
The George Washington University

## Patient Centered Primary Care Collaborative Summit

October 22, 2009

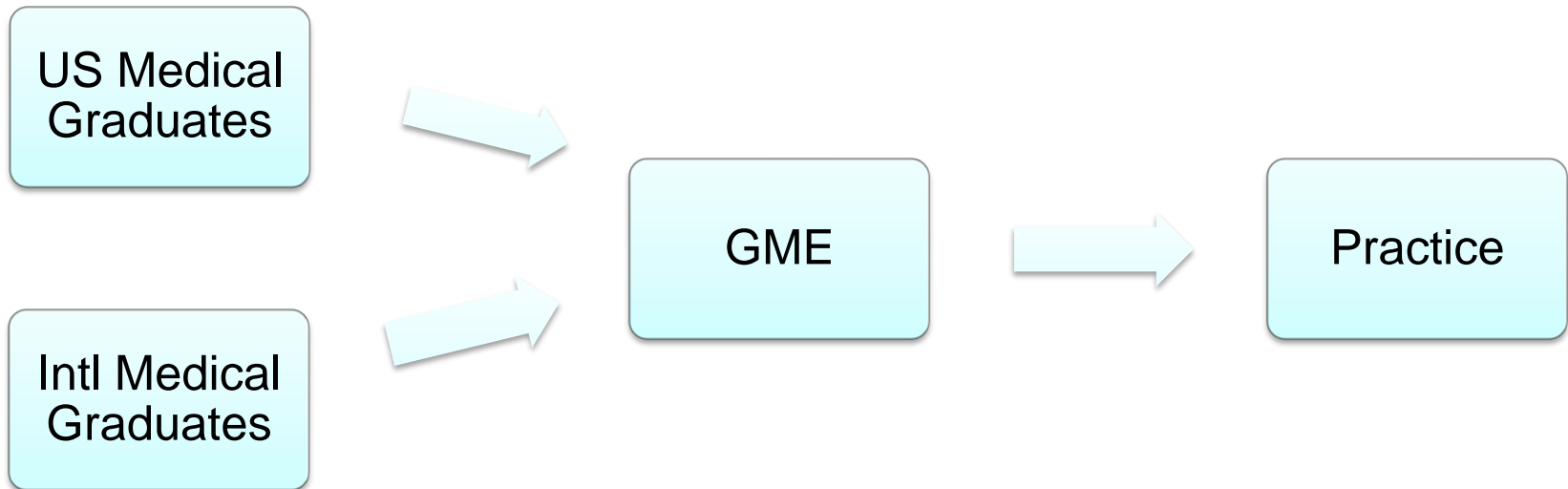
Washington, D.C

# Physician Supply 1900 Projected to 2020



**Sources:** 1900, 1920: US Census occupations; 1910: Schofield (1984); 1930,1940: Stewart WH (1960). 1950-2020: Data provided by the Bureau of Health Professions.

# Physician Workforce Development



## MEDICAL EDUCATION FUTURES STUDY

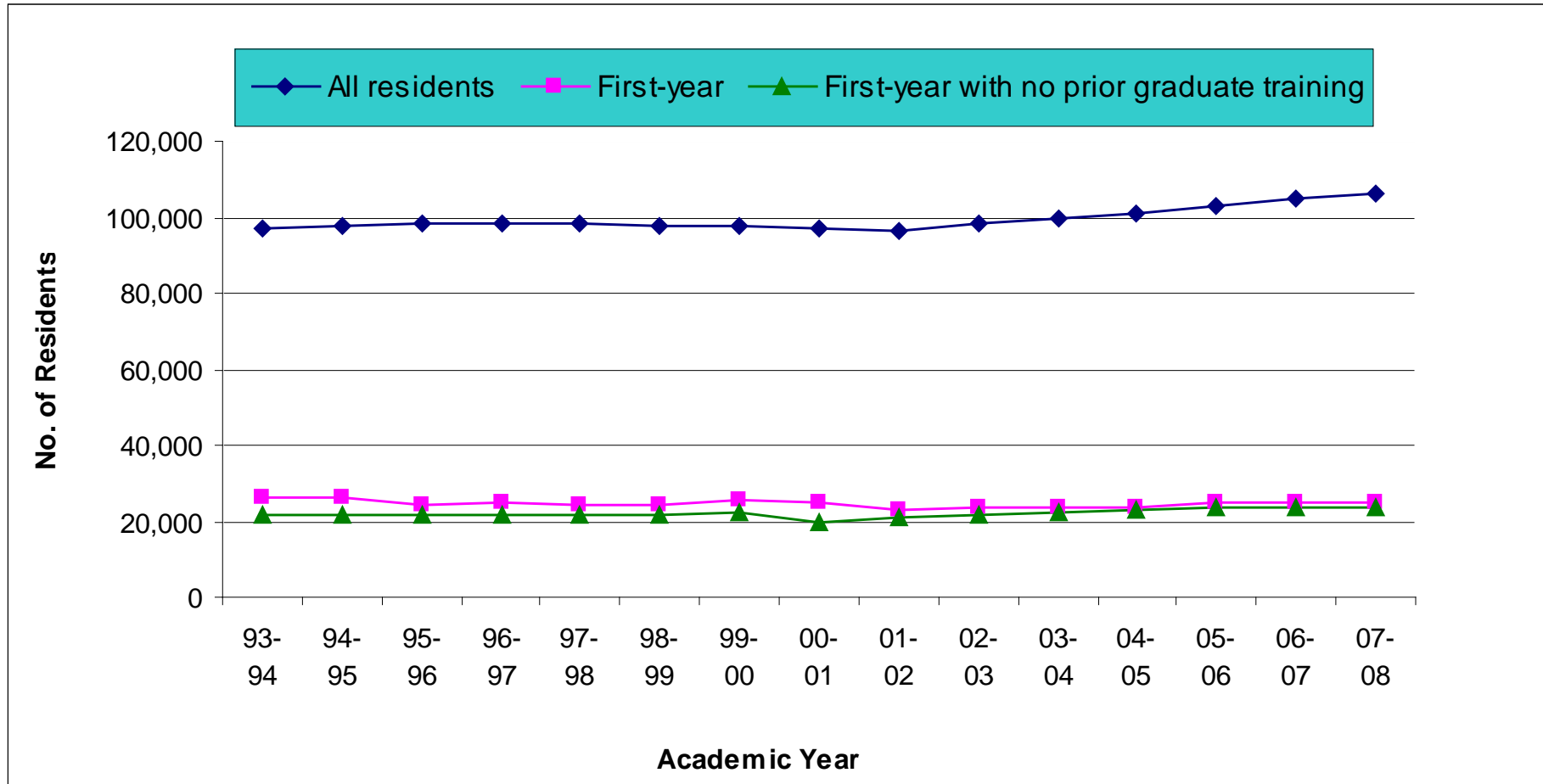
EXAMINING MEDICAL EDUCATION'S ROLE IN REDUCING DISPARITIES, INCREASING ACCESS AND IMPROVING HEALTH IN AN ERA OF HEALTH CARE REFORM



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# Number of Residents in U.S. Allopathic Training Programs from 1993-2008



Source: AMA

## MEDICAL EDUCATION FUTURES STUDY

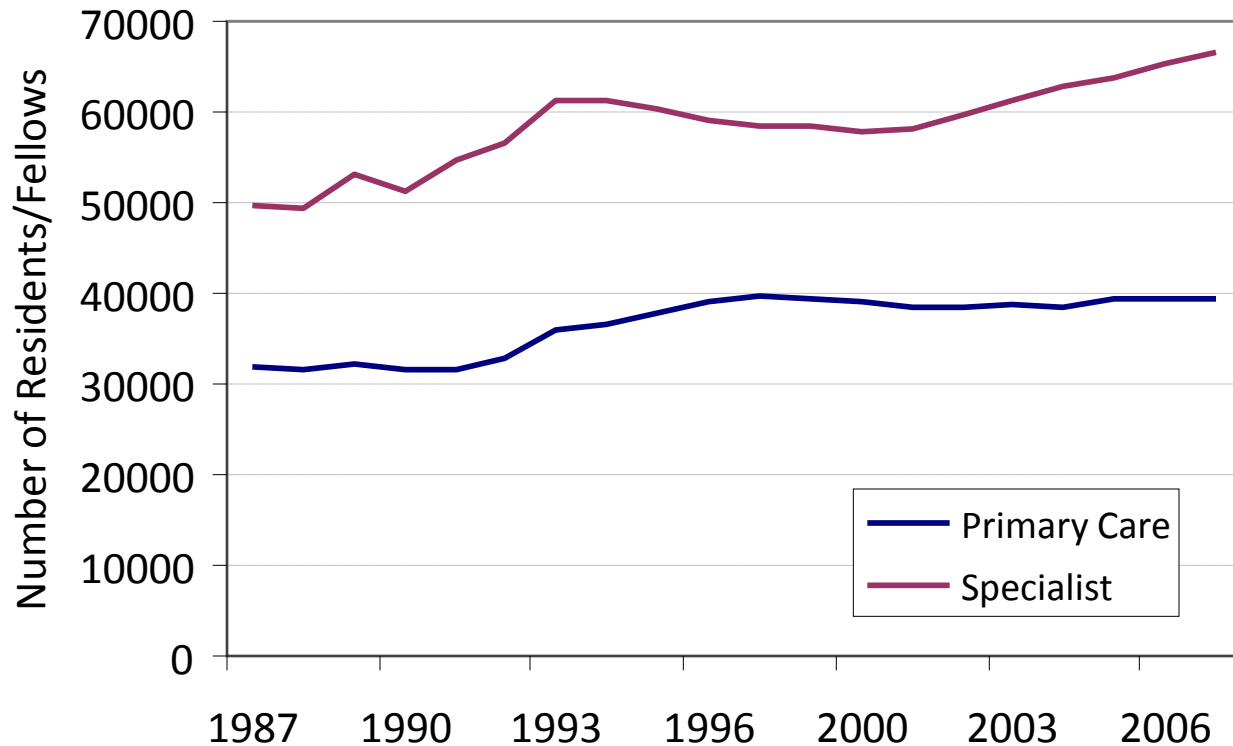
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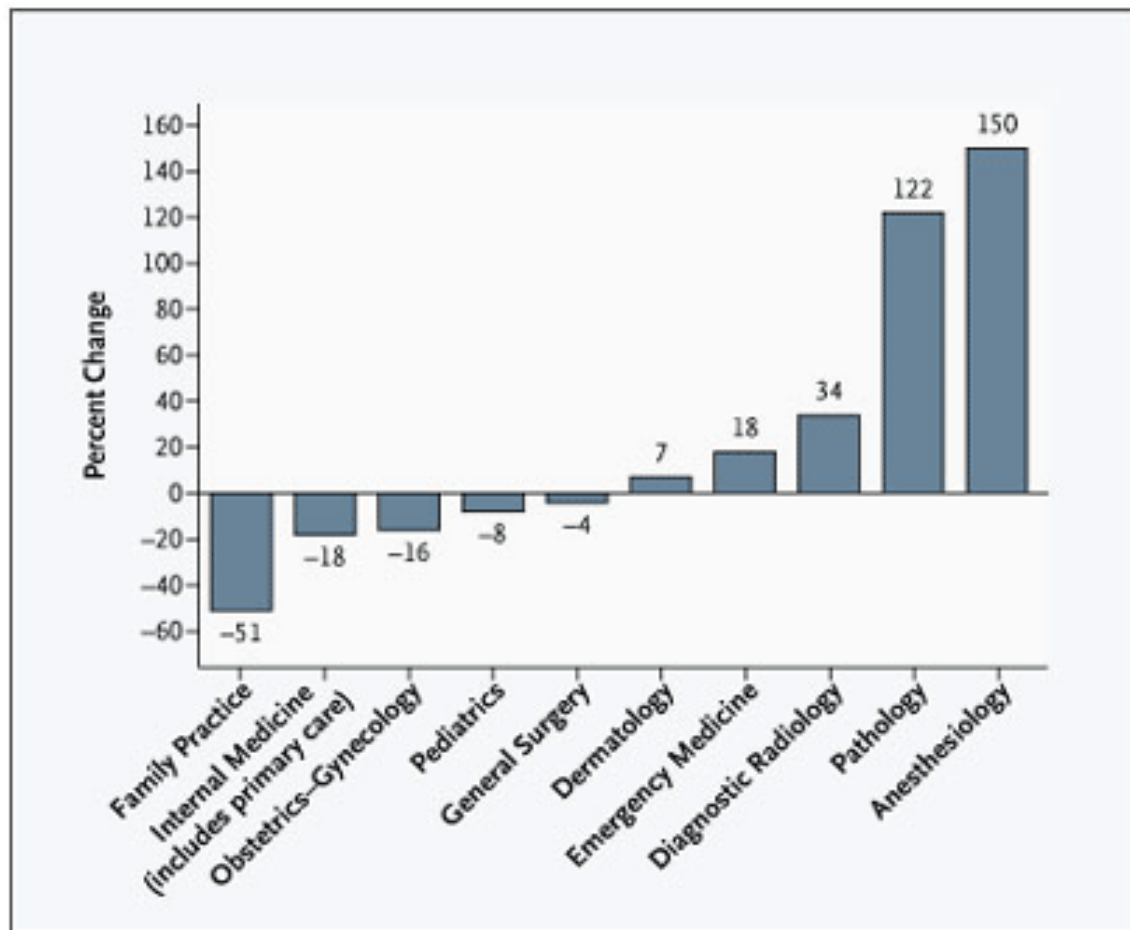
# Graduate Medical Education – Primary Care vs. Specialty Positions



Primary Care = Family Medicine, General Internal Medicine, General Pediatrics

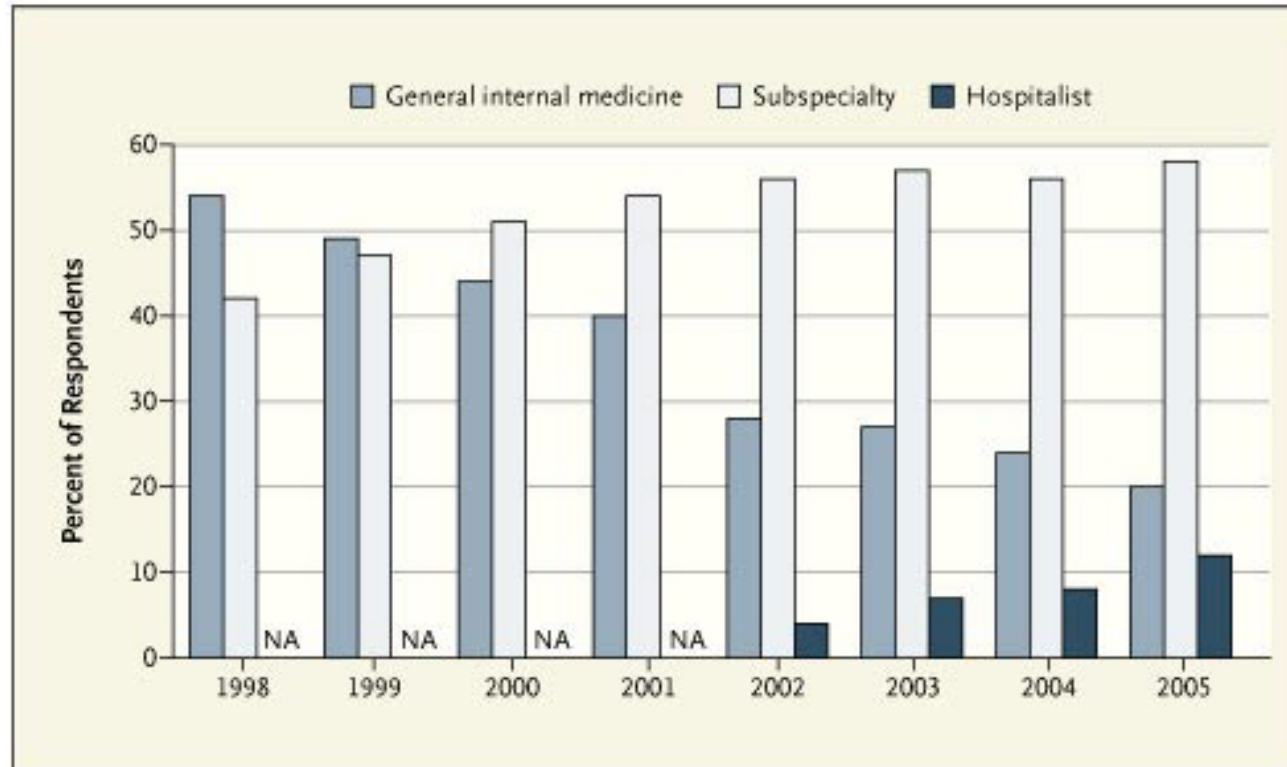
Source: Annual JAMA Graduate Medical Education.

# Trends in Residency Selection – 1998-2006



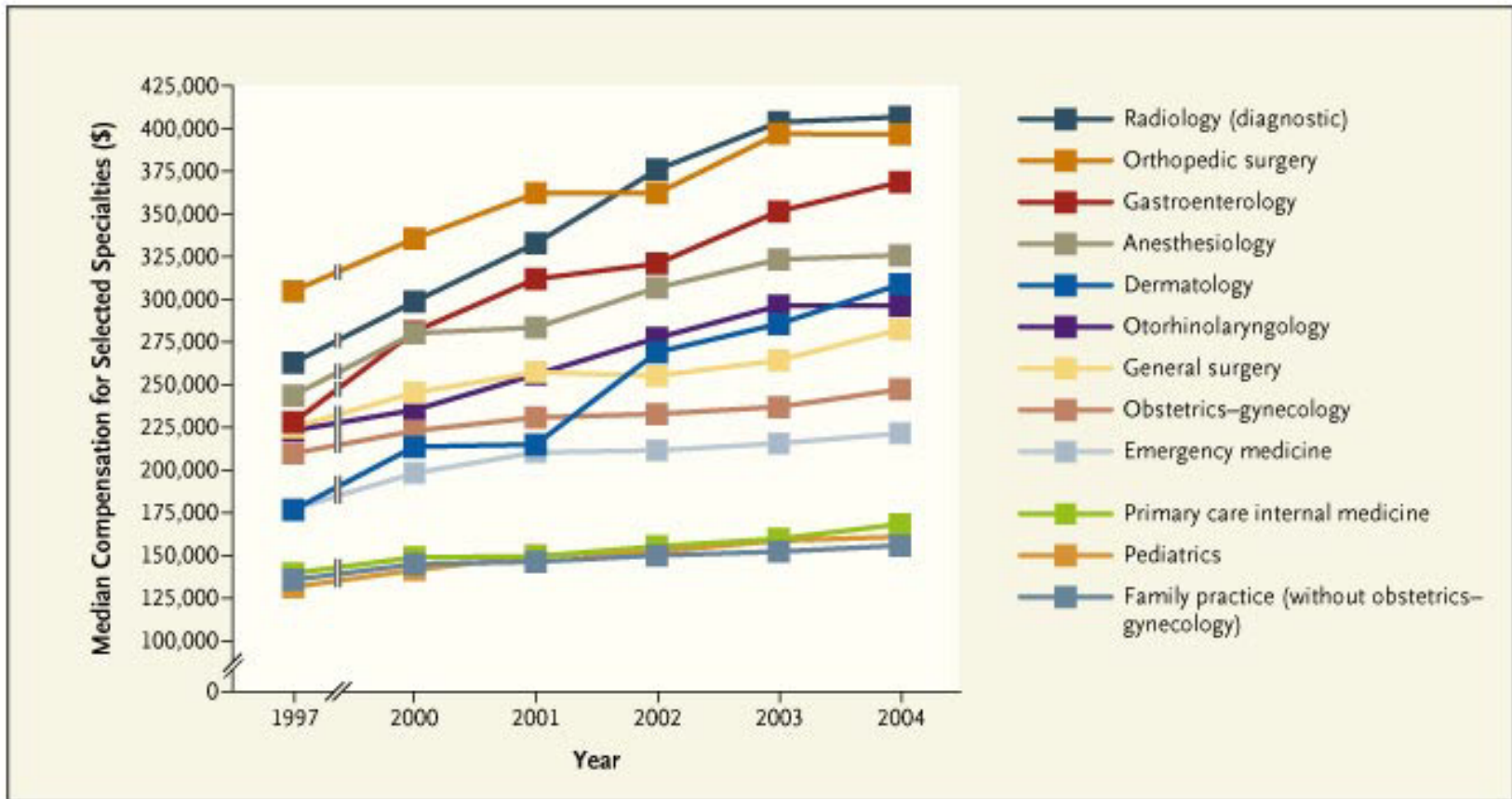
**Source:** Woo B. *The New England Journal of Medicine*. "Becoming a Physician: Primary Care – The Best Job in Medicine?" August 31, 2006.

# Internal Medicine Residents Career Choices



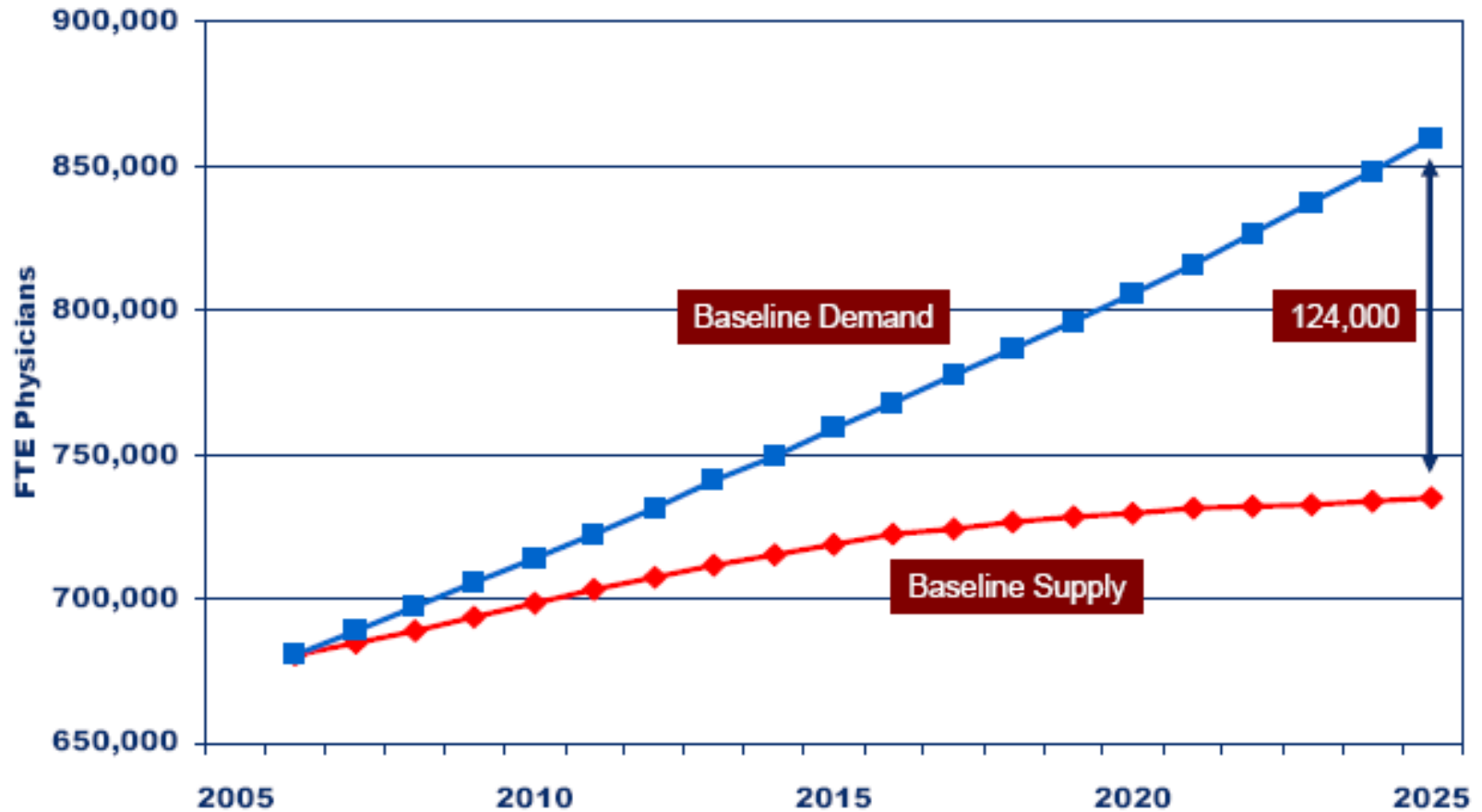
Source: Bodenheimer T. *The New England Journal of Medicine*. "Primary Care – Will it Survive?" August 31, 2006.

# Median Compensation for Selected Medical Specialties



**Source:** Medical Group Management Association Physician Compensation and Production Survey, 1998 and 2005.  
From: Woo: N Engl J Med, Volume 355(9).August 31, 2006.864-866.

# Baseline Scenario



Source: AAMC (2008). Complexities of Physician Supply and Demand: Projections Through 2025.

# Supply of Physicians in U.S. Hospital-Referral Regions and Associated Quality of and Access to Care, 2005

Table 1. Supply of Physicians in U.S. Hospital-Referral Regions and Associated Quality of and Access to Care, 2005.\*

Variable	Regions in Lowest Quintile of Supply	Regions in Middle Quintile of Supply	Regions in Highest Quintile of Supply	Ratio of Lowest to Highest
Total number of physicians per capita (per 100,000 population, adjusted for age and sex)	169.4	204.8	271.8	1.60
Primary care	61.5	72.7	95.7	1.56
Medical specialists	34.1	44.3	64.3	1.89
Surgical specialists	37.4	43.2	53.4	1.43
Hospital-based specialists	23.8	26.1	28.7	1.21
Medicare composite quality scores				
Acute myocardial infarction	91.0	91.7	93.1	1.02
Congestive heart failure	84.1	85.9	88.6	1.05
Pneumonia	79.5	78.8	79.2	1.00
Medicare access and satisfaction				
Ever had a problem and didn't see a doctor? (% responding no)	91.7	92.8	93.2	1.02
Do you have a particular place for medical care? (% responding yes)	95.0	94.8	95.5	1.01
Satisfied with ease of getting to the doctor? (% responding yes)	94.9	93.5	94.7	1.00
Satisfied with doctor's concern for overall health? (% responding yes)	95.5	94.2	95.7	1.00
Satisfied with quality of medical care? (% responding yes)	96.7	96.3	97.0	1.00

\* Data are for hospital-referral regions according to quintile of beneficiary-weighted total number of physicians per capita for 2005. Total numbers of physicians include the number of full-time clinical postgraduate physicians and 0.35 times the number of residents and fellows. For acute myocardial infarction, the Medicare composite quality scores are the averages of scores for the use of aspirin within 24 hours before or after admission and at discharge, the use of a beta-blocker within 24 hours before or after admission, and the use of an angiotensin-converting-enzyme (ACE) inhibitor for left ventricular systolic dysfunction; for congestive heart failure, composite scores are the averages of scores for assessment of left ventricular function and the use of an ACE inhibitor for left ventricular dysfunction; for pneumonia, composite scores are the averages of scores for the timing of initial antibiotic therapy, the presence or absence of pneumococcal vaccination, and assessment of oxygenation. The percentages for Medicare access and satisfaction are calculated from responses to the Medicare Current Beneficiary Survey. Data are from the Dartmouth Atlas of Health Care Project.

Source: Goodman D and Fisher E. *New England Journal of Medicine*. Physician Workforce Crisis? Wrong Diagnosis, Wrong Prescription. 2008.

# Average Number of Physicians Caring for Chronically Ill Medicare Beneficiaries in the last 6 Months of Life at Five Top U.S. Hospitals, 1999-2003

Table 2. Average Number of Physicians (Full-Time Equivalents) Caring for Chronically Ill Medicare Beneficiaries in the Last 6 Months of Life at Five Top U.S. Hospitals, 1999–2003.\*

Variable	Johns Hopkins	Mayo Clinic	UCLA Medical Center	Cleveland Clinic	Massachusetts General Hospital
Rank according to <i>U.S. News and World Report</i>	1	2	3	4	5
No. of clinical physicians (full-time equivalents) per 1000 patients					
Total	12.2	8.9	16.9	12.7	15.3
Primary care	5.0	3.0	3.5	4.3	6.3
Medical specialists	3.9	3.9	10.1	5.5	5.5
Surgical specialists	1.1	0.8	1.4	1.5	1.1
Hospital-based specialists	1.4	1.0	1.5	1.2	1.7
No. of days in the hospital	17.1	12.9	19.2	14.6	17.7
No. of days in intensive care	4.3	3.9	11.4	3.5	2.8

\* Hospitals were ranked “top honor roll hospitals” by *U.S. News and World Report*.

Source: Goodman D and Fisher E. *New England Journal of Medicine*. Physician Workforce Crisis? Wrong Diagnosis, Wrong Prescription. 2008.

# Primary Care Workforce Reform

## Medical School

- Reinvigorate and Reinvest in Title VII
- Primary Care
- Diversity
- Rural/Urban Health
- NHSC
- PAs and NPs

## Graduate Med. Education

- Link Medicare GME with Accountability for the Public's Health
- Establish Needs Based GME Allocation System
- Teaching Health Centers

## Practice

- Primary Care Payment Reform
- Health System Reform
  - PC Medical Home
  - Accountable Care Organizations
- Health Information Technology

# The Teaching Health Center (THC) As a Seed Bed for the Primary Care Medical Home

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# THC Mission

- **To promote primary care training**
- **To model community based practice**
- **To contribute to “bending the cost curve”**

# THC M.O.

- **To build residency programs dedicated to community oriented primary care including the primacy of**
  - **Community oriented practice**
  - **Team building**
  - **Population health**
  - **Efficient use of hospitalization and specialty care**

# THC Characteristics

- **The Teaching Health Center...**
  - **Sets the educational mission**
  - **Organizes the curriculum**
  - **Recruits the residents**
  - **Manages the finances**
  - **Holds the accreditation**
  - **Contracts for in-patient training**

# African Proverb

**The best thing to do is to  
have planted a tree twenty  
years ago...**

**The next best thing to do is to  
plant a tree today.**