

# Increasing the supply of primary care physicians: Findings from stakeholder interviews

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Why is the Commission concerned about the primary care pipeline?

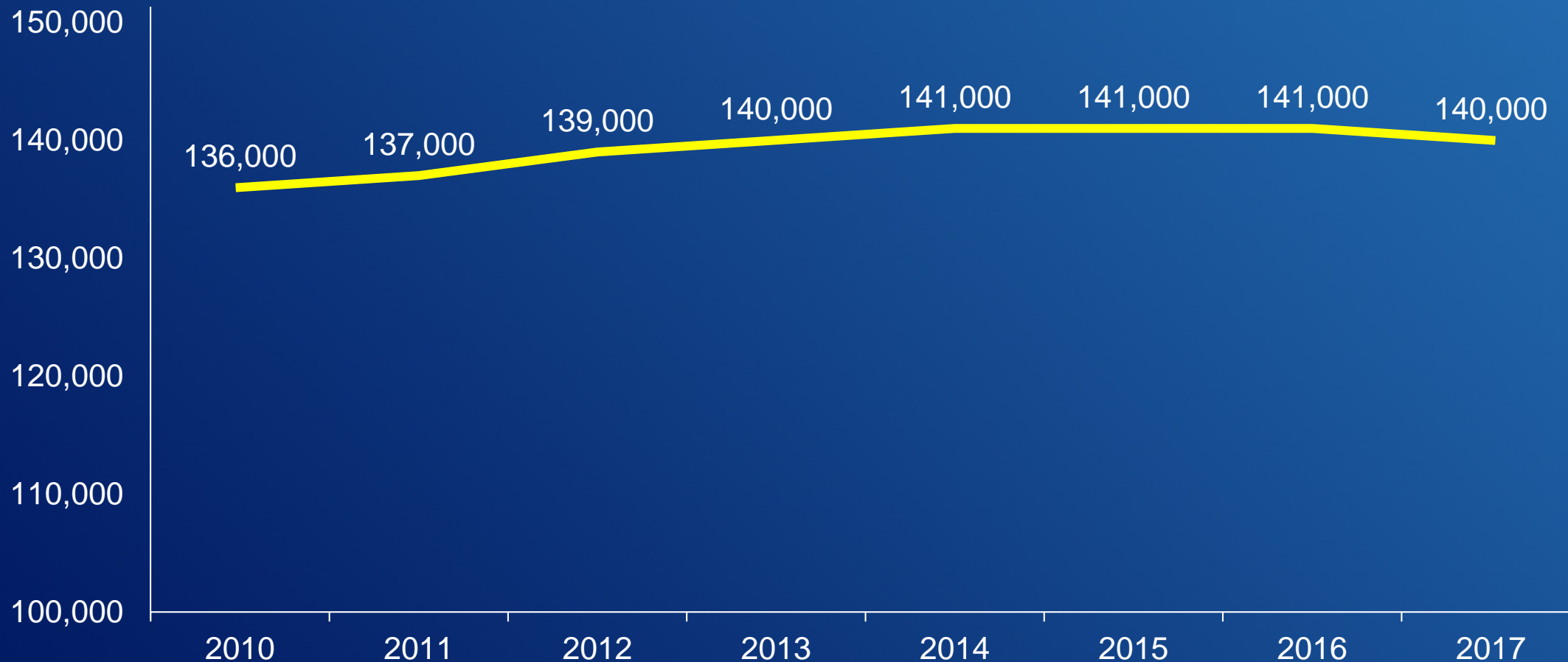
# Value of primary care to a high-functioning delivery system

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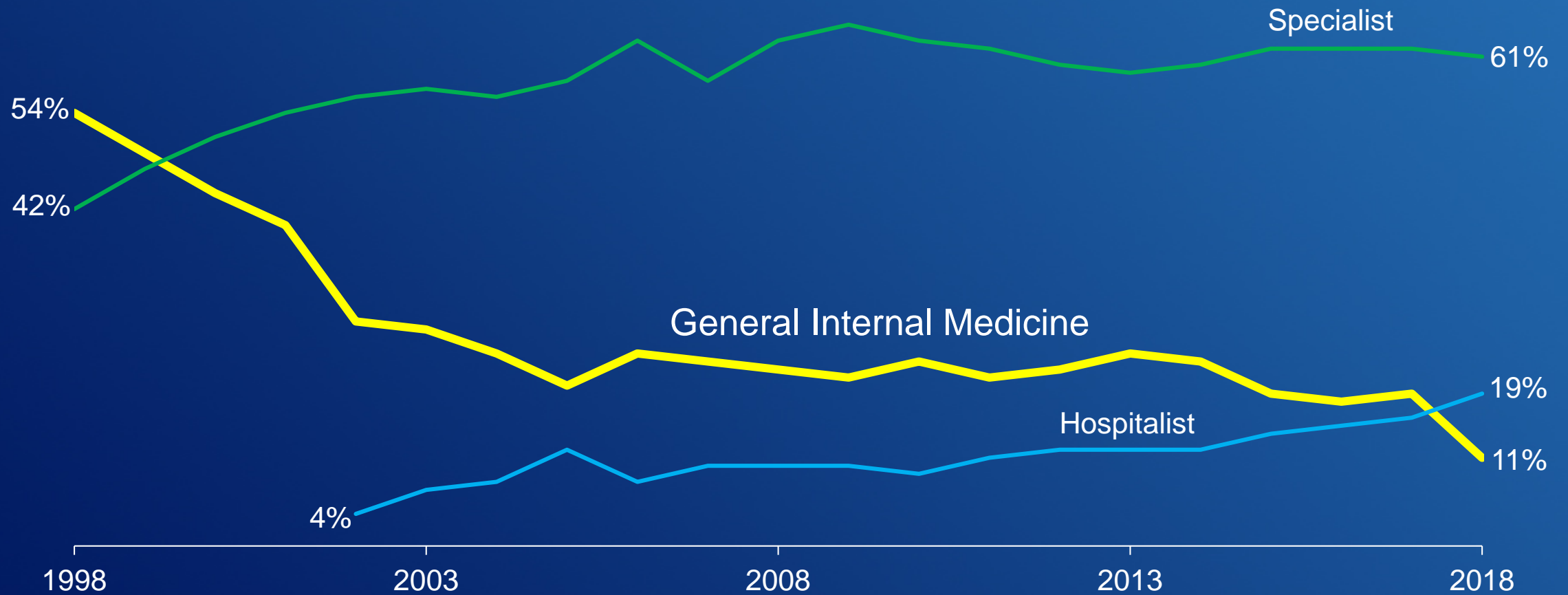
Studies have found that primary care is associated with

- Higher quality care
- Better patient experience
- Lower total spending
- Longer life expectancy

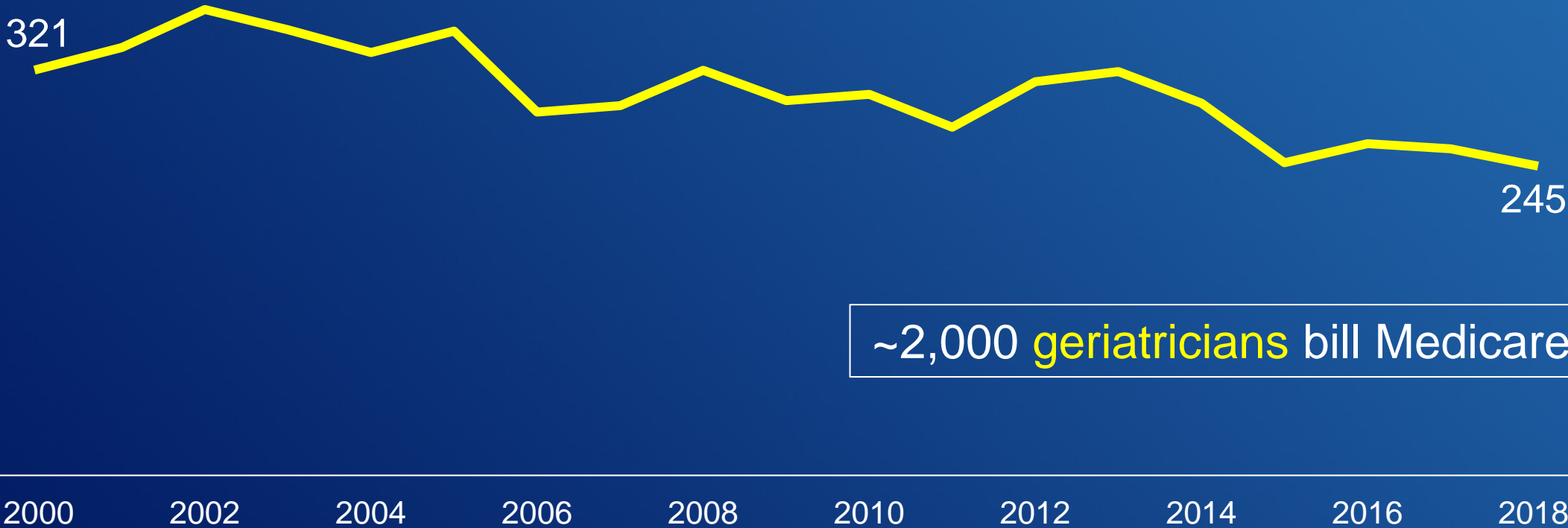
# Number of **primary care physicians (PCPs)** billing Medicare has plateaued



# Percent of internal medicine residents planning to pursue **general internal medicine** is declining



# Number of geriatrician residents (fellows) is declining



Source: Brotherton and Etzel's annual graduate medical education analyses in *JAMA*, 2001–2019.  
Note: Includes geriatric fellows who completed initial residencies in internal medicine or family medicine. Excludes geriatric psychiatrists.  
Results preliminary; subject to change.



# Interviews

# Who we interviewed

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- 8 medical schools (all but 1 produce high shares of PCPs)
  - 4 allopathic
  - 4 osteopathic
- 17 other stakeholders
  - Directors of primary care residency programs
  - Directors of geriatric fellowship programs
  - National organizations involved in the training of physicians
  - Researchers



Why aren't more physicians  
choosing primary care careers?

# Interviewees described factors discouraging physicians from choosing primary care



Lower compensation for primary care physicians relative to specialists



Residents and medical students lack exposure to

- High-functioning, community-based primary care practices
- Longitudinal patient relationships
- Geriatric care settings



Faculty discourage primary care careers

What might attract more physicians  
to primary care careers?

# Many entities influence physicians' career choices

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- A number of payers fund graduate medical education
  - Medicare
  - Medicaid
  - HRSA
  - VA & DOD
  - Hospitals
- Interviewees identified a number of key factors
  - Medical schools (e.g., recruitment, role models, clinical rotations)
  - Residency programs
  - Physician payments
- We will focus on policies Medicare could implement

# Interviewees' ideas for increasing residents' exposure to geriatric and high-functioning primary care practices

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- Medicare could pay bonuses to residency programs that produce high numbers of PCPs
- Medicare could encourage the training of residents at practices in CPC+ or Primary Care First
- Medicare could require residents to
  - Spend more time in outpatient settings
  - Do geriatric rotations
- Medicare could provide more support for rural residency programs (e.g., Teaching Health Center GME program)

# Interviewees' ideas for reducing compensation gap between PCPs and specialists

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- Medicare could increase payments for PCPs
  - Increase payments for evaluation and management services
  - Expand payment models that support team-based care
- Medicare could increase payments for geriatricians
  - Add new billing codes for geriatric services
  - Use a higher fee schedule conversion factor for geriatricians
- Medicare could offer a loan repayment program (mixed views)



# Next steps

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- What additional information would be helpful?
- Which (if any) of these ideas warrant further exploration and analysis?