

Federal Policy Re-engineering the Health Care Workforce: Building an Airplane in Flight?

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A major benefit of being SGIM president is gaining a broader perspective on our current health care system and having the time to think and ponder our future. Let me clarify: This time is not “protected time.” It is generally time spent in airports waiting for the inevitably delayed flight and then reading on a long flight for distraction from the effects of sitting in a cramped seat. I can be impatient, and like most of us, I am impatient for health system change. One critically important area for SGIM members is workforce policy. Workforce change has been particularly slow, and there seems to be little movement toward a measurable increase in trainees entering our field. There is, however, another perspective: Changing the now massive health care delivery system while simultaneously caring for patients has been compared to “building an airplane in flight.”¹ Federal policy uses a number of levers to incentivize our system to deliver the value-based care our patients need, yet legislators and policymakers worry that precipitous change could hurt patients (voters) and health care delivery system interests. For general internal medicine (GIM) workforce change, the challenge is multifactorial: reducing the effect of student debt on career choice, changing our graduate medical education (GME) system, achieving better equity in physician payment for cognitive services, and creating a desirable work environment in which to pursue a career. Each needs to be addressed in solving the workforce challenge.

In late September I had the privilege of representing SGIM with Mark Schwartz (chair of the SGIM Health Policy Committee) at a Capitol Hill Briefing convened by SGIM to reissue the 2013 Report of the National Commission on Physician Payment Reform.² The bipartisan commission, chaired by Steve Schroeder, MD, and Senator Bill Frist, first issued the report in 2013. In the interim, Congress introduced bipartisan legislation to repeal the sustainable growth rate (SGR) once and for all. The bill, the SGR Repeal and Medicare Provider Payment Modernization Act, embodies many of the recommendations outlined in the National Commission Report and holds the promise of moving physician payment policy away from fee-for-service and toward value-based physician payment. In a meeting room crowded with more than 40 legislative aides, we presented on a panel with Reid Blackwelder, MD, president of the American Academy of Family Physicians, and Steve Weinberger, MD, CEO of the American College of Physicians, in an unusual show of physician agreement on payment policy. The bill would repeal the SGR, begin to eliminate flaws in fee-for-service payment methodology, and move health care incentives toward value-based care and physician pay equity. Many insiders believe that the “lame duck” session following the November election will be a rare opportunity to pass physician payment reform. It is critical that SGIM members contact their congressional members to advocate for passage of this important bill.

The legislation could be another nudge by federal policymakers to realign the physician workforce with the needs of patients. The Physician Payment Reform briefing came on the heels of the Institute of Medicine report recommending steps to transform GME funding over 10 years by increasing hospital transparency for GME expenditures and gradually reallocating GME funds to build a system that trains the workforce needed in the future. Legislative assistants we spoke to felt the GME issue could be considered in the 114th Congress that convenes in January 2015. Another workforce change lever came in the Accountable Care Act (ACA): expanding the National Health Service Corp (NHSC) scholarship and loan re-payment programs to reduce medical student educational debt. The NHSC, along with state programs, could reduce medical school debt for students considering GIM careers.³ The NHSC expansion under the ACA will expire next year and require reauthorization during the next Congress. Finally, programs to transform practice, such as the Comprehensive Primary Care initiative and Accountable Care Organization pilots, are well underway to evaluate methods of transforming patient-centered medical home practice and bundled and global payment methods in anticipation of future ACA policies that require physicians to participate in alternative payment systems.

In aggregate, federal policy levers have or could address medical student debt, GME reform, and the financial barriers to practicing primary
continued on page 2

PRESIDENT'S COLUMN

continued from page 1

care and lead to changes in the practice environment that improve quality of care, reduce health care costs, and create a desirable practice environment for GIM. To keep these policy nudges leveraging workforce change, we in SGIM need to advocate for them!

Although federal policy is the greatest driver of workforce change, the largest beneficiary will be our patients and their families. In 2012, households accounted for the largest single share of health care spending (28%), followed by the federal government (26%), private businesses (21%), and state and local governments (18%).⁴ It is stun-

ning that on average, 20% of median household income is now spent on health care, and the care is barely mediocre.

John Goodson recently said that we—congress, the administration, and organized medicine—have a fiduciary responsibility to create a system of care that meets the needs of our patients and an economic imperative to bend the cost curve. We also need to be careful not to precipitate untoward consequences that could hurt patients in the process. We have moved more slowly than we want, partly because “we are building an airplane in flight.” So as I sat at Reagan National Airport waiting on

the delayed flight that would bring me home, I became a bit more patient and grateful that at least the mechanics for my plane would fix the problems on the ground.

References

1. <http://www.youtube.com/watch?v=L2zqTYgcpg>
2. http://physicianpaymentcommission.org/wp-content/uploads/2013/03/physician_payment_report.pdf
3. <http://nhsc.hrsa.gov/>
4. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/downloads/highlights.pdf>

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