Transcript Details
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ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Who Wants a Career in Internal Medicine? Fewer Do

It seems fewer and fewer positions one to go into internal medicine with the latest study showing only 2% of fourth year medical students actually wanting to enter this field. Welcome to The Clinician's Roundtable on ReachMD, the Channel for Medical Professionals. I am Bruce Japsen, the healthcare reporter with the Chicago Tribune and joining me today is Kurt Mosley. Mr. Mosley is vice president of business development for Merritt Hawkins & Associates, the largest permanent physician searching consulting firm in the country with more than 2 decades in the business. Mr. Mosley has written widely on healthcare staffing issues for publication such as trustee magazine, US News and World Report, USA Today, Moderate Healthcare Magazine among many other publications. He also speaks across the country, the medical societies, state hospital associations, and many other trade associations and groups. A graduate of California State University, Fullerton, Mr. Mosley also spends several years in professional baseball before joining the field, he is in today. Mr. Mosley joins us from Merritt Hawkins Offices in Dallas, Texas.

BRUCE JAPSEN:

Kurt Mosley, welcome to ReachMD XM157, The Channel for Medical Professionals.

KURT MOSLEY:

Good Afternoon Bruce and thank you for having us on today.

BRUCE JAPSEN:

Well, it is great to have you. I am sort of astonished almost on a guy who has covered healthcare for almost 2 decades myself and we could just go right into the study. I am almost stunned that only 2% of fourth year medical students want to enter this very important field of internal medicine.

KURT MOSLEY:

It is a shock, but at the same time, there has been 4 barriers of this coming for a while. We have seen in a primary care in America, which is we consider internal medicine in pediatrics and semi-practice suffer under increased cutbacks, paperwork, intervention, but this was an eye open for us too and I think that it doesn't bold well for our internal medicine patient population and let me just explain that very quickly our population is getting older, getting heavier, and our internist by category of definition of their service take care of our chronically ill and our geriatric patients. So, if only 2% plan to go that route as we are getting older and heavier, which heavier easily creates chronically ill problems and older which is geriatrics, it does not bold well for boomers and the current boomers now that are patients getting healthcare over the next 10 to 15 years.

BRUCE JAPSEN:

And what are these internal medicine doctors, what are they telling you, I mean is it pay, is it long hours, is it influx of patients without reimbursement, what are some of the key factors that are just

waiting young people from wanting to joint this profession?

KURT MOSLEY:

Everything you said Bruce and more. A lot of it has to do with pay. In lot of cases, there are paper consultation where they may see an internist they went to school with or did a residency with, getting paid higher for the certain procedures they are doing. That's why lot of our internist go on to sub specialized. Time is always an issue with internal medicine specialist. We don't see that as much, but at the same time what we do see is call arrangements and creating our new doctors or generation doctors are really interested in lifestyle and in lot of cases going onto sub-specializing give them more time for their family or time off. As a matter of fact I interviewed some residents in a east coast, I will say, residency program that want to talk about specifically, but I asked them if they were internal medicine, they changed, and I said what is the reason for you changing in this doctor road to success, do you get it, and I understand what road is, but I don't get it. He said we have changed former internist going onto radiology, ophthalmology, anesthesiology, dermatology, higher pay, less assaults, less call.

BRUCE JAPSEN:

And what kind of pay does your average internal medicine physician make? What do they make, I mean if you are just a general internist out there, you know, treating anybody from somebody who is 25 to 65, how much money would they make?

KURT MOSLEY:

You know, they are in the 170 to 190, in some cases 200,000 dollars a year range. It has come up over the years, but when you look at, obviously cardiologist making 400 to 450, in some cases it is sometimes 40 to 50% less than an internist, it is gone to sub specialists.

BRUCE JAPSEN:

And are they also having to pay their own medical malpractice coverage?

KURT MOSLEY:

Depending on if they are single practitioner or within a group, it is not an important <_____>.

BRUCE JAPSEN:

So, this is not their net income?

KURT MOSLEY:

No, I am sorry, this would be probably same the malpractice premium. This will be pretty close to a take home, but not including benefits.

BRUCE JAPSEN:

But were top MDs folks still have mortgages and student loans and all that type of stuff, I mean, a lot of high cost issues and is it such in this country if we have had so many problems and if there are shortages in certain areas, is it a possibility that the market would bear out and some of these group practices and hospitals who would employ an internist would have to raise these salaries?

KURT MOSLEY:

Absolutely, I mean they are going to have to, we have to rethink the way that primary care including the internal medicine is being paid. I mean, we have, there is a new theme across the nation called this medical home where the doctors is responsible for, and it is an internal medicine specialist or a family practitioner for everything and they will be paid more for this, but just think as you get older, we have to be able to compensate them more and one other concern that I have regardless who wins this election, a lot of these patients that are so called going to be insured in our new system are going to fall under the ranks of these family practitioners, internal medicine specialist, and if they just have more patients and they are making the same amount, it is going to cause them to leave the practice or go to different specialty.

BRUCE JAPSEN:

And to that point, relative to the medical home, are there certain areas of a country and if you want to name and you could or certain models where they are taking care of their internist better than others, or where they are little bit smarter about the way they are setting up their healthcare system in warning internists to choose the field, stay on the field?

KURT MOSLEY:

I really couldn't comment on when I have actually seen that there is a better, what I will comment on Bruce is that we have seen a lot of internal medicine specialists set up these count years back, this is where they go to their patients and say, you know, before 1000 that we currently cover, will take 1500, at 1500 dollars a year, direct payment to us, to get access to either of and it's hard why say it is usually 2 people, could be a male and a female physician, but they need 2, because they guarantee same day access, your insurance is not billed unless there is some lab or hospital work, so they are basically scooting around and in some cases, the groups have promoted these count years factors to keep these doctors in town, but at the same time, they will take may be 1500 of their 4000 patients they have on file, who's going to take care of the other 2500, so going forward all of the <_____>, everything about universal access to medicine, paying meaning to look at reimbursing internists differently, all comes down to one thing, its access and they are cutting back access in certain patients with certain payment or energy care or medicare medicaid. So, we have to rethink this how this whole situation

going for is going to be a big mess.

BRUCE JAPSEN:

Now, for the internist out there that if they were going to choose the field, do they choose a specialty, would you encourage them to choose a subspecialty to keep themselves marked above in the income generating range?

KURT MOSLEY:

In some cases, yes. The gentleman I see, I actually see an internist for asthma and he is an internal medicine specialist, but about 50% is done in pulmonology, so he is not a "birth certified pulmonologist" that deals with asthma and procedures, which helps him subsidize the rest of the other part of his bread and butter internal medicine practice which is chronic care in geriatrics, so I think the smart thing you have to have something that fall back on in this age of <_____> compensation models change, being able to do some subspecialty which gives you increased payment for different procedures.

BRUCE JAPSEN:

Well, if you are just joining us or even if you are new to our channel, you are listening to the Clinician's Roundtable on ReachMD. I am Bruce Japsen, the healthcare reporter with the Chicago Tribune and joining me today is Kurt Mosley, he is the vice president of business development from Merritt Hawkins & Associates. If you have not heard of Merritt Hawkins, they are the largest permanent physician searching consulting firm in the country. Mr. Mosley joins us from Dallas, Texas and we are talking about new study that showed that only 2% of fourth year medical students want to enter the field of internal medicine, which raises also some questions and some alarm bells if you will about what could happen if we do not see more internist.

And Mr. Mosley, is there, are there areas of country that are already dealing with this problem?

KURT MOSLEY:

Oh, it's really throughout the nation. I mean, we are seeing it more in areas with high geriatric populations, i.e. Florida, parts of Pennsylvania, Southern California, and San Francisco, Arizona where already patients tend to gravitate. We have already seen that and also in the State of Massachusetts. State of Massachusetts just recently ensured half of they are uninsured, little over 54%, and if you see all the studies coming out of Massachusetts today and newspaper articles, the number one article is, you know, can't get into see primary care physician, internist or family practitioner because half of the state is uninsured, not have access, and again it's an access issue I mentioned earlier, but if we want to look and see what is going to happen in the United States, we go universal access and ensured all these uninsured or under insured. Take a look at Massachusetts, it is a rate test case.

BRUCE JAPSEN:

And I was going to ask the question where, if there is not an internist, where these people going for care, but I think you answered it, I mean, that if they are not getting the care, they have to wait for it?

KURT MOSLEY:

Yeah, or they are going to a specialist. You know, lot of our patients are smart. You know, if you have a heart palpitation, lot of people, lot of patients would say, let me go, I need to see a cardiologist. If you have a knee problem, go directly to an orthopedic surgeon, but they are busier than ever. So, in lot of cases and in some cases, it's not a case of manage care like it was before, but a lot of just say, I really can't see you without a referral from a primary care doctor because I don't want to waste my time and something may be they could take care.

BRUCE JAPSEN:

And that also brings up questions on the whole idea of expanding healthcare coverage, you want to do at the right way because if you are an older person and then you need to see a specialist, your PPL will certainly allow that, but they tend to be more expensive.

KURT MOSLEY:

Right. And I think most importantly are patients, are younger patients said to be little more sad, but older patients lot of time when you get older, Bruce, things happen that's never happened before and you are wondering what's going on. I have it every day. You know, it's just something doesn't work like it did, you know, 15 or,10 to 15 years ago and you wonders a lot at that time why our specialists want them to see a primary care doctor because lot of the issue is questions and answers. How did this happen? When does it happen? What are you doing when this happens? As opposed to a specialist, will take a look at an x-ray and say that I think it's this and this and this is the corrective action.

BRUCE JAPSEN:

In the situation of Massachusetts, for example where they did expand health insurance coverage, was there something they could have done differently, I mean, are there any incentives that actually get primary care physicians, you know, more pay or an incentive to stay in the field or is it just same reimbursement, just more people getting access?

KURT MOSLEY:

I don't know of anything they did or any new procedures for consultation because again when people that haven't had health insurance, the first thing you do have to do a complete workup, that takes time and that's paid under a consultation pay code, I am not a pay code specialist, so forgive me, I don't really know what the number would be, but I know it's less than a procedure that it just took time. I don't

know if they did anything different to create this whole medical home, you know, compensation. Now that medical home compensation seemed entirely different, I have heard, I have just heard bit what it's going to be, but I don't think they did and I gave another precaution, Bruce, what have been, let's go ahead before we offer this. Let's see what our primary care base is in this state. And if it is low before we start offering, let's try to recruit doctors in to certain groups, you know, of certain areas or where there seems to be under served in relationship the patient populations for that specialty.

BRUCE JAPSEN:

Well, with that I would like to thank Kurt Mosley who has been our guest. He is the vice president of business development for Merritt Hawkins and Associates, the largest the permanent physician searching consulting firmin the country.

My name is Bruce Japsen. I have been your host, I am at Chicago Tribune and you have been listening to the Clinician's Roundtable on ReachMD, the Channel for Medical Professionals.

If you have comments or suggestions about today's show, please do call us at (888 MD-XM157) and I would like to thank you today for listening.

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