

The Challenges Facing Professionalism in the Delivery of U.S. Healthcare

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No Financial Conflicts of Interest to Disclose

David Rothman has served as consultant and expert witness for the Attorney General of the State of Texas and the Philadelphia law firm of Sheller in their litigation against Johnson & Johnson related to the marketing of Risperidone.

The Concept of Professionalism

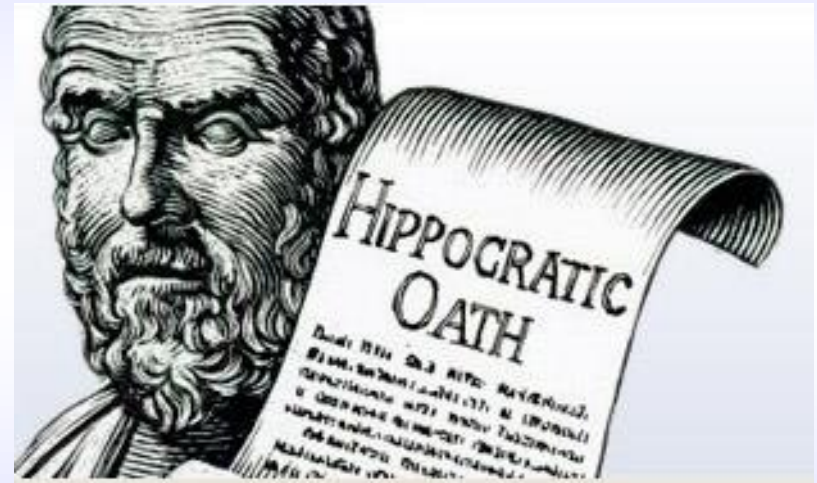
More contentious than might be imagined:

- In the 1950s and '60s, equated with guilds working to protect members' interests.
- In the 1990s, the best hope against the evils of managed care.

The Concept of Professionalism

Professionalism often evokes a nostalgic response:

- The doctor who made house calls
- Who was free of drug company bias
- Who had never heard of KOLs and speakers bureaus



The Concept of Professionalism

But nostalgia can be misleading. Until the 1970s:

- The profession was all white, all male, all upper middle class
- Fee splitting was common
- Fee for service lent itself to abuses of overuse



The Concept of Professionalism

For all the debates over professionalism, it is well recognized that its core principles are essential to the integrity and quality of medical practice, and the public trust in physicians.

The Core Principles

- **Altruism, putting patient interests first**
- **Life-long learning**
- **Oversight of colleagues & medical institutions**



The Recent Challenges to Professionalism

- **Conflict of interest (relations with industry, both personal and institutional)**
- **Errant colleagues & practices**

The New Challenges Confronting Professionalism

Ours is a period of extraordinary change. We are witnessing nothing less than a revolution in the organization of the delivery of health care.

The Disappearing Solo Practitioner

1996:

41% of physicians in 1-2 person practices

2013:

32% of physicians in 1-2 person practices

**Physicians in 5-60 person practices *climbed* from
13% to 19%**

The Disappearing Solo Practitioner

- **Only 2 % of newly licensed physicians seek solo practice**
- **Recruiting firms report that in 2004, 22 percent of their searches were for solo practitioners. In 2012, only 1 percent!**

“The recruitment of physicians into solo practice settings has almost entirely abated.”

Why the Disappearance?

From the Physician's Perspective:

- **The Electronic Medical Record**
- **Malpractice Insurance**
- **Life Style**
- **One Job Not Two**
- **Reduced Financial Risk**

Why the Disappearance?

From the CMS Perspective:

Higher procedure reimbursements for hospitals than small group or solo practitioners.

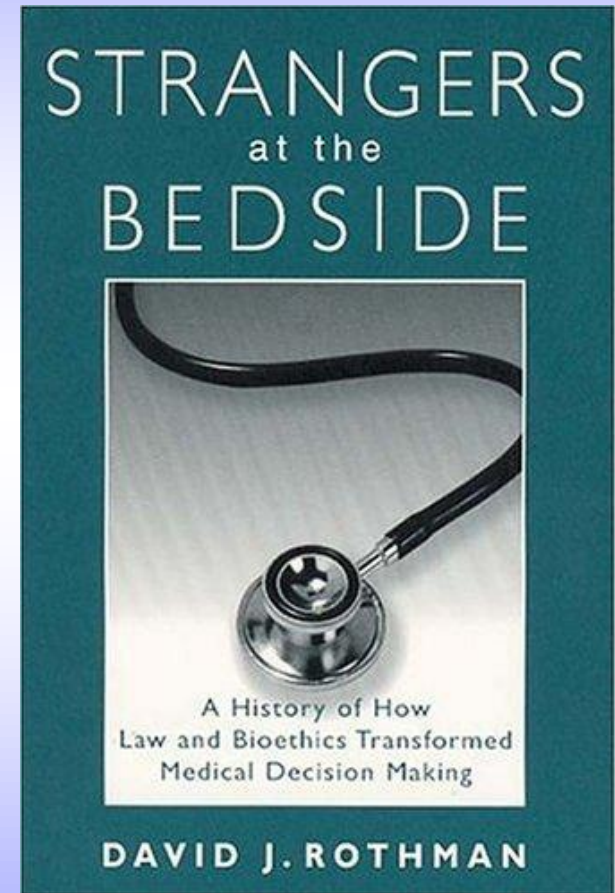
- Better Quality Performance?
- Better Coordination of Care

Strangers at the Bedside

The Physician as Stranger at the Bedside:

The rise of the “ist”

- Intensivist
- Hospitalist
- Laborist



Walmart Clinics



- **Walk-in service, seven days a week. No appointments necessary.**
- ***Get Well Stay Well* visits at an everyday price of \$65 or less**
- **Clearly posted fees for treatment**
- **Electronic medical records used for quicker, more convenient visits and follow-up care**

Accountants at the Bedside

The many contributing factors to skyrocketing health care costs:

Government expenditures

- National health insurance: 45 million patients added to the rolls.
- The aging population and Medicare
- The unemployed population and Medicaid

Medical technology

- proton machines
- oncology drugs

Accountants at the Bedside

The many contributing factors to skyrocketing health care costs:

Patient pressure

- More is always better
- New is always better
- More expensive is better
- No government
“who shall die” committees



- Dan Perjovschi

The New Challenges Confronting Professionalism

Heretofore:

- Principles were attributes of individual physicians
- He/She put patient interests first

Now:

- Principles must now become attributes of organizations
- The hospital/group practice must commit to putting patient interests first

Looking Ahead: New Challenges

A Far More Complicated and Novel Task:

- Administrative Distance
- Reporting Lines
- Financial Calculations
- Enforcement Mechanisms

In Sum:

Will a commitment to patient well-being co-exist with a commitment to societal financial well-being?

Health care cannot consume all government expenditures.

BUT:

When, how, and to whom do we say no?

How does the physician deliver and live with the result?