



# Continuing Education



## Changing roles of the 21<sup>st</sup> century physician

### Learning Objectives

**Describe** new roles for physicians in the 21<sup>st</sup> century.

**Describe** information technology tools used by physicians.

**Define** primary care and identify trends affecting primary care physicians.

**Define** specialty care and describe the current environment for specialists.

**Identify** emerging trends in specialty medicine.

This second article in a three-part series discusses the evolving roles of the 21<sup>st</sup> century physician, useful information technology tools, the current environment of primary and specialty care, and emerging trends in specialty medicine.

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**T**he roles of primary care physicians and non-primary care specialists are being redefined due to the impact of managed care and new technologies. Managers and healthcare representatives who want a competitive edge need to know what new responsibilities and roles are being assumed by the physicians on whom they call. In this way, they can offer the appropriate types of assistance and provide the needed products and services.

Many physicians are becoming dissatisfied with their profession because they perceive that managed care regulations are making them less effective and less connected with their patients. Many are responding by diversifying their roles, opening concierge practices, becoming involved in other healthcare businesses or serving in administrative positions.

Physicians may diversify by taking on responsibilities different from, but related to, their primary roles in clinical practice. For example, they may become involved in technology assessment, serve on pharmacy and therapeutics (P&T) committees, participate in clinical trials, or provide utilization review services.

A number of physicians, disillusioned by managed care and wishing to regain control over their practices,

have opened concierge or boutique medical practices. These are private practices in which physicians limit the number of patients accepted and offer more personalized services in return for an annual fee or retainer.

Other physicians have also joined firms offering home visits for seniors who are unable to make the trip to a doctor's office. On the corporate side, some clinicians are joining pharmaceutical and biotechnology research and development departments.

In addition, more physicians are returning to school and earning master's degrees in business administration and are seeking administrative positions in the healthcare industry. They may be found in roles such as: chief executive officer, chief medical officer, chief operations officer, chief technology officer, vice president for quality, managed care medical director, management service organization executive or service-line manager. Physicians in these executive positions have a great deal of influence and should be identified and, if possible, targeted for calls.

### Using information technology

In order to remain competitive, 21<sup>st</sup> century physicians are expected to make more extensive use of

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information technology. The following are several important technological tools being used today.

**E-prescribing.** Policymakers, consumers, pharmacists and health plans widely support e-prescribing as a way to prevent errors that may result from physicians' illegible handwriting and misinterpretation by pharmacists. Also, e-prescribing allows physicians to look up a patient's formulary to see what is covered before writing a prescription. A formulary is a list of drug products approved by the P&T committee from which a physician can select an appropriate medication for patient treatment. Many e-prescribing systems include information on indications, dosage, usage data, possible adverse reactions and contraindications.

**Hand-held devices.** Hand-held personal digital assistants (PDAs) are being used by an increasing number of physicians for multiple purposes, such as identifying potential medication problems for particular patients, sending prescriptions to pharmacies and downloading patient histories. One prominent hospital capitalized on the popularity of PDAs and developed a point-of-care decision-support system, which gives hospital- and office-based physicians the most current information on antibiotics.

**E-mail consultations.** Some physicians provide online or e-mail consultations; by doing so, they avoid wasting time playing telephone tag, improve documentation of physician-patient interaction and increase the time available to interact with patients during visits. However, because of reimbursement and privacy issues, other physicians are reluctant to use e-mail as a means of communication with patients.

**Telemedicine.** Live videoconferences allow physicians to look at patients and exchange medical records and CT scans electronically; such consultations are becoming especially popular within the American military system and throughout rural areas of the United States. Some physicians, however, are resisting the use of telemedicine due to inadequate infrastructure, a lack of appropriate programs or a lack of training on the use of equipment. This is an opportunity for health-care managers and representatives to provide assistance to physicians by suggesting helpful software programs or providing educational computer literature.

**The Internet.** Many physicians use the Internet to locate information about, register for and sometimes take continuing medical education courses. Many also use the Internet to find information about the latest medical and surgical procedures, because patients expect their physicians to be aware of the latest medical breakthroughs. For those physicians who do not use the Internet, pharmaceutical representatives and managers might provide company-approved

Figure 1

## Doctors using IT

The 21st century physician may use information technology to:

- Create** a physician Web site.
- Search** the Internet for information on the latest medical and surgical procedures.
- Download** patient records.
- Generate** prescriptions (e-prescribe).
- Send** prescriptions to the pharmacy.
- Provide** e-mail consultations.
- Exchange/share** patients' medical records with consulting physicians.
- Provide** a support system for physician groups (for example, the most current medical information on particular treatments).
- Provide** medical care to patients in remote areas (telemedicine).
- Obtain** medical information (about drug products and current treatment options, for example).
- Register** for and take CME courses.



printouts of information, such as the American Medical Association guidelines for online prescribing and guidelines for e-mail communication.

## Trends in primary care

Primary care is provided by physicians specializing in family medicine, internal medicine and pediatrics, as well as some subspecialties such as pulmonary disease, cardiovascular medicine and infectious disease. About one-third of M.D.s and one-half of doctors of osteopathic medicine are primary care physicians. They provide much of the routine healthcare in America and prescribe the majority of pharmaceutical products. These are the physicians patients usually contact first, and although most work in private practice, many work for managed care organizations. They are at the front lines of preventive therapy and treatment for chronic conditions such as hypertension, arthritis, coronary artery disease, osteoporosis, asthma, diabetes and depression. Pharmaceutical companies can offer these physicians clinical practice guidelines and the use of their products within these guidelines, as well as valuable information regarding recent advances in preventive therapy, which can reduce the number of prescriptions, hospital admissions and catastrophic sequelae resulting from common chronic conditions.

Because they treat many patients with chronic conditions, primary care physicians are the most involved in disease management programs. This requires a significant time commitment from physicians and their staff in terms of educating the patient and following up. Significant coordination is needed between the patient, the nurse or other professional who monitors the patient on a frequent basis, and the pharmacy benefit management or other company that delivers periodic status reports to both physician and patient. Pharmaceutical companies that offer patient education materials or disease management programs can make a difference by helping physicians make the most effective use of these materials and services.

Primary care physicians also receive much guidance from their health plans on the types of medications the P&T committee and others believe are the most cost-effective. While most physicians are free to prescribe whatever products they feel will be most effective and safe for their patients, they have to consider what the patient can afford to pay and which products are on their patients' health plan formularies.

Primary care physicians are often used by managed care organizations as gatekeepers from whom patients must obtain referrals before seeing non-primary care specialists and undergoing diagnostic tests. The use of primary care physicians as gatekeepers is controversial, as it is widely suspected that the sole basis for this type of use is cost-containment, which is achieved

by denying the patient use of costly services. Some opponents of the gatekeeper concept view it as a conflict of interest because the physician benefits financially when the health plan spends less money on more expensive specialty care.

### Specialty care environment

Physicians who are non-primary care specialists are trained in a specific area of medicine and achieve certification from their specialty certification board. After completing their internal medicine residency, they complete fellowship training in basic and clinical skills specific to their specialty. They are not expected to have medical skills or knowledge outside of their specialty. Examples include radiologists, pathologists, neurologists and plastic surgeons.

In today's managed care environment, specialists often need to contract with managed care plans to gain access to patients. Typically, a managed care organization or integrated delivery system contracts with a large number of various specialists so that its enrollees will have access to a specialist when needed, thus enhancing satisfaction and member retention. However, because of a need to control costs, some managed care plans are limiting the number of specialists with whom they contract and then offering low reimbursement fees, blocking out specialists who do not accept the fees.

Specialists in managed care organizations are typically reimbursed on a fee-for-service basis. To control costs, they may be reimbursed using a budgeted fee-for-service system or capitation. Specialists working in this environment are subject to the same utilization issues as primary care providers. Specialists also need to consider pharmaceutical cost and utilization issues – such as those involving drugs (like injectables) that are routinely used in procedures and the cost of outpatient drugs used post-procedure – since their fees for services are fixed and not itemized. Despite increased expenses, specialists are receiving decreased reimbursement from managed healthcare plans.

Because access to specialists is often available only through primary care physicians, the relationship between the two groups should be one of cooperation, mutual dependence and teaching. It should be noted that in some health plans, certain specialists can – if they wish – be designated as primary care providers.

### Trends in specialty medicine

Trends in specialty medicine include:

**Large group practices.** Specialists are increasingly joining or forming large single- and multispecialty groups for economic reasons. These large group practices increase the range of services available to patients and often provide the convenience of being able to refer patients to physicians within the same facility. In addition, records, tests and scheduling can be coordinated and handled by the same office personnel.

**Specialist shortages.** National forecasts are pro-

## Article Summary

- Many physicians are becoming dissatisfied with their profession because they perceive that managed care regulations are making them less effective and less connected with their patients.
  - Physicians are diversifying their roles, opening concierge practices, becoming involved in other healthcare businesses or serving in administrative positions.
- Twenty-first century physicians are making more extensive use of information technology, using tools such as e-prescribing, hand-held devices, e-mail consultations, telemedicine and the Internet.
- Primary care physicians provide much of the routine healthcare in America and prescribe the majority of pharmaceutical products. They:
  - Are the physicians most involved in disease management.
  - Receive much guidance from their health plans on what types of medications are the most cost-effective.
  - Are often used by managed care organizations as gatekeepers from whom patients must obtain referrals before seeing specialists and undergoing diagnostic tests.
- Physicians who are non-primary care specialists are trained in a specific area of medicine and achieve certification from their specialty certification board.
  - Specialists often need to contract with managed care plans to gain access to patients.
  - Specialists are typically reimbursed on a fee-for-service basis.
  - The relationship between specialists and primary care physicians should be one of cooperation, mutual dependence and teaching.
- Trends in specialty medicine include: large group practices, specialist shortages, malpractice vulnerabilities and the emergence of hospitalists.

jecting a shortage of certain specialists, such as anesthesiologists, cardiologists, gastroenterologists, radiologists, neurosurgeons, vascular surgeons and general surgeons. However, this may be offset in the near future by the current trend of physician graduates pursuing these specialties.

**Malpractice vulnerabilities.** Specialists appear to be most vulnerable to the problems of malpractice litigation and skyrocketing insurance premiums. In response, physician practices are changing or being abandoned, resulting in fewer specialists available to meet patient needs. The remaining specialists, who are overburdened, will appreciate knowledge about information technologies that will save them time when interacting with patients and performing administrative tasks.

Another trend is the emergence of the hospitalist profession, though it does not formally qualify as a specialty according to its professional society. Hospitalists are internal medicine physicians who manage the entire inpatient care of hospitalized patients for hospitals, independent practice associations, group practices or health maintenance organizations – similar to the way in which the primary care physician manages the care of the patient outside the hospital. The number of primary care referrals to hospitalists continues to grow as primary care physicians realize that overall revenue increases when they can concentrate on office visits.

Hospitalists warrant close attention from pharmaceutical companies, as they are increasing their presence in hospitals and prescribe many medications for the patients under their care. Managers and healthcare representatives should find out the types of conditions for which hospitalists are prescribing medicines within their districts and territories, as well as the formulary guidelines of each hospital and any prescribing restrictions.

The next article in the series will discuss patient issues and partnerships with the 21<sup>st</sup> century physician.