



Continuing Education



Evolving practitioners in the 21st century

Learning Objectives

Describe strategies for working effectively with female physicians and international medical graduates.

Compare the characteristics of older and younger physicians.

Explain why physician shortages or surpluses are projected and their significance.

Identify major categories of nonphysician clinicians and describe their roles.

Describe several key issues influencing how physicians practice.

This first article in a three-part series discusses the changing demographics of the 21st century physician, differences between older and younger physicians, projections of physician shortages and surpluses, major categories of nonphysician clinicians, and several key issues affecting physician practices.

Mark A. Callahan, M.D., associate professor of public health and medicine, chief, division of outcomes and effectiveness research, department of public health, Weill Medical College of Cornell University, New York, director of outcomes research, New York Presbyterian Healthcare System, New York; and Anthony J. Silvagni, D.O., Pharm.D., M.Sc., FACP, dean and professor of family medicine, College of Osteopathic Medicine, clinical professor of pharmacy practice, College of Pharmacy, Nova Southeastern University, Fort Lauderdale, FL, served as consultants for this article for the Certified Medical Representatives Institute Inc.

The profile of the physician workforce in the United States has dramatically changed over the past few decades. For example, women pediatricians will soon outnumber men in their field as more female physicians enter the workforce and male retirees leave the profession.

Female physicians have different needs and priorities than their male counterparts. Therefore, different planning strategies are needed for calling on women physicians. For example, many women physicians practice on part-time schedules. Female physicians often want to involve their patients in the treatment plan and appreciate educational materials to help patients become more involved in their own healthcare. Thus, it is very important to leave physician and patient handouts in these doctors' offices. Also, since women physicians may have larger female patient populations than male physicians, it can be helpful to offer materials on women's health issues.

Managers and representatives must also be aware of the concerns, attitudes and priorities of physicians from other countries, often referred to as international

medical graduates. There are a variety of cultural differences to be considered, with varied perceptions and attitudes toward death and illness, the elderly, women and children, and the human anatomy.

To guard against bias, it is essential to master cross-cultural communication techniques and skills and also to raise self-awareness. Often, individuals feel that their own culture is best and may misinterpret the actions or words of others because of a misunderstanding of cultural norms. Successful interactions can occur only when individuals recognize and overcome their existing biases and barriers to others from different backgrounds. Managers and healthcare representatives must be aware of and respect cultural differences and have the training necessary to communicate appropriately so that their presentations are well-received by physicians from different cultural backgrounds.

Older versus younger physicians

The aging of America's medical workforce is another important factor to consider when looking for opportunities to gain access to physicians.

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The Certified Medical Representatives Institute is an independent non-profit educational organization established in 1966 to provide a source of professional development and certification for pharmaceutical representatives. The institute provides an up-to-date, approved continuing education curriculum designed to expand and enhance internal company training and development in a cost-effective manner. The curriculum concentrates on providing a general knowledge base and avoids such areas as selling skills and specific product education.

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Older physicians differ from their younger colleagues in many ways due to their educational and life experiences. Most importantly, younger healthcare representatives and their managers need to be sensitive to the fact that older physicians frequently perceive pharmaceutical companies as partners in healthcare and do not want to be treated merely as business accounts. Representatives need to nurture a partnership relationship with older physicians and offer a range of services and products to benefit their patients.

Also, many older physicians may rely on their “tried and true” remedies for certain conditions while their patients are learning about new options through direct-to-consumer advertising and Web sites on the Internet. Although older physicians still lag behind their younger colleagues and patients in the use of computer technology, according to recent surveys, the percentage of older physicians using the Internet is increasing.

Healthcare representatives can assist older physicians by:

- Helping them locate medical information on the Internet so they can answer patients’ questions.
- Providing pharmaco-economic and outcomes data that demonstrate the true value of pharmaceutical products and ways in which they help contain costs.
- Explaining the benefits of newer products versus older products that the physician is prescribing; many older products are less expensive and perhaps nearly as effective as newer products, so healthcare representatives will have to emphasize that the higher cost may be offset by a more tolerable adverse effect profile, once-daily dosing or other advantages.

Younger physicians – those between 26 and 39 years of age – have different values and exhibit different behaviors than older physicians. General characteristics frequently associated with younger, “Generation X” physicians include the following:

- They are more likely to be female.
- Lifestyle is their primary concern.
- They seek immediate stability.
- They do not seek hierarchical dominance.
- They are technically proficient.
- They have a skills-based mind-set.
- They are loyal to principles – not organizations.
- They seek conflict resolution.

Although it is important for healthcare representatives and their managers to be familiar with characteristics of different groups of physicians, it is more important that they avoid generalizing about different groups. Remember that physicians are individuals, and versatility in approaching different individuals is the most important consideration.

Physician shortage or surplus?

There is a difference of opinion regarding whether the United States faces a future shortage or surplus of physicians. However, most experts increasingly believe that there will be a shortage of physicians by 2020.

According to a “trend model,” there is an impending

shortage based on a study of trends dealing with the economy, population growth, physician work effort and services provided by nonphysician clinicians. When factoring in physician work effort, this trend model considers the increasing number of female physicians and older physicians who may choose to work fewer hours, thus decreasing the physician supply.

Another study predicts a surplus of physicians by 2010, with an immediate and projected shortage in a variety of specialties, especially those geared toward treating chronic conditions found in the elderly. A different forecast predicts an oversupply of providers in general. This source states that there are approximately 630,000 physicians in the United States – with another 170,000 in medical school – and that there are nearly three new physicians for each one that retires.

It is generally agreed that geographic location influences whether an area has a shortage or oversupply of physicians. The majority of physicians tend to settle in metropolitan areas where the population is larger

Figure 1

Projected shortage of physicians

	2000	2010	2020
Physicians, total	772,000	887,300	964,700
Physicians per 100,000 population	270	283	280
Population (millions)	286	325	345
Effective supply adjustment	-	-5%	-7%
Shortage of physicians	-	50,000	200,000

Source: Health Affairs, January/February 2002

and where cultural and educational amenities exist in abundance. Even with financial incentives, physicians are less likely to settle in rural areas where professional isolation and long working hours may be drawbacks. There are currently more areas in the United States with physician shortages than there were 30 years ago.

When assessing the needs of customers in their districts and territories, managers and healthcare representatives must look at the distribution of physicians to determine whether or not a shortage exists. When there is an insufficient number of physicians to serve the healthcare needs of the population, these physicians will have a large patient base and limited time to talk with representatives from pharmaceutical companies. This means that more creative strategies for gaining access to these overburdened physicians must be planned, and presentations must be concise and more focused on the individual needs of the target physician.

Nonphysician clinicians

It is becoming increasingly popular for medical groups to economize by using nonphysician clinicians to provide preventive and supportive services, allowing physicians to manage patients’ more complex problems. Major categories of nonphysician clinicians include physician assistants (PAs), nurse practitioners (NPs), nurse midwives and clinical nurse specialists.

Physician assistants. Physician assistants are healthcare professionals licensed to work under the supervision of a physician. PAs may be less hurried and more amenable to spending time with healthcare representatives; therefore, it would be beneficial to include them when developing a strategy for calls to group practices and other areas where PAs may be employed. In 2003, PAs had prescription-writing authority in all states, with the exceptions of Indiana, Louisiana and Ohio. PAs may also influence physician prescribing and may mention specific products discussed by healthcare representatives. It is particularly important for representatives to find out if PAs in their area have prescribing privileges and how they use these priv-

ileges when caring for patients.

Nurse practitioners. Nurse practitioners are registered nurses (RNs) who have completed a state-approved advanced education program and work as primary healthcare providers. NPs provide much of the same care provided by physicians; in some cases, they may serve as physician substitutes, while in others, their responsibilities complement those of the physician with whom they are working. Although their responsibilities cover a wide range of services, their priorities are prevention, wellness and patient education. Studies have shown that NPs may be more likely than physicians to talk to patients and take their concerns into account when determining treatment plans. NPs also tend to provide more information about health education, community resources and disease prevention.

Nurse midwives. Nurse midwives are RNs who have advanced training in obstetrics and gynecology; they are specialists who care for women throughout childbearing and beyond. They provide personal, family-centered care and are affiliated with physicians who are available for consultation or referral if complications arise. They either establish private practices or work in hospitals, birthing centers or healthcare maintenance organizations; some may deliver babies in the mothers' homes if conditions are suitable. Nurse midwives have prescription-writing authority in 48 states, and they may also influence the prescribing habits of their collaborating physicians.

Healthcare representatives should identify locations within their territories where nurse midwives practice so they can call on them and inform them about products that may be beneficial for their patients.

Clinical nurse specialists. Clinical nurse specialists are RNs who have completed graduate study in an area of clinical specialization. They provide care to inpatients in stable medical condition under a physician's supervision. They can complete many of the duties often performed by first-year residents, such as evaluating medical conditions, providing primary care and counseling patients on disease prevention. They also participate in staff development, education and staff support and are responsible for the care of patients with specific diseases.

Key issues

Three key issues influencing how physicians practice in the 21st century include: managed healthcare, the threat of litigation and the push for information technology.

Managed healthcare. The majority of employed Americans are enrolled in managed care plans that focus on health prevention and wellness rather than illness. Physicians' autonomy has gradually eroded, and they are required to be team players. As a result, physicians may perceive a loss of independence and clinical control due to the cost-driven managed healthcare system.

Article Summary

- **The profile of the physician workforce in the United States has dramatically changed over the past few decades.**
 - For example, women pediatricians will soon outnumber men in their field.
 - Female physicians have different needs and priorities than their male counterparts.
- **Managers and representatives must also be aware of the concerns, attitudes and priorities of physicians from other countries – often referred to as international medical graduates.**
- **Older physicians and younger colleagues differ in many ways due to their educational and life experiences.**
- **There is a difference of opinion regarding whether the United States faces a future shortage or surplus of physicians.**
 - It is generally agreed that geographic location influences whether an area has a shortage or oversupply of physicians.
- **It is becoming increasingly popular for medical groups to economize by using nonphysician clinicians to provide preventive and supportive services.**
 - Major categories of nonphysician clinicians include physician assistants, nurse practitioners, nurse midwives and clinical nurse specialists.
- **Three key issues influencing how physicians practice include: managed healthcare, the threat of litigation and the push for information technology.**

Pharmaceutical companies can try to make managed care more palatable for physicians by sponsoring seminars on how health plans make decisions and how their appeals processes and internal review systems work, in order to help physicians facilitate appeals for their own patients.

Litigation. Fear of malpractice suits and the lack of affordable malpractice insurance also significantly affect today's physician practices. Liability coverage is expensive for both the physician and the patient – for the physician who pays the premiums and for the patient who pays more for office visits, diagnostic tests and prescriptions. The litigious climate creates concern among physicians about not having adequate liability coverage and unwarranted fear among patients about proven medications and standard practices (such as vaccinations).

In this type of environment, healthcare representatives and managers need to stress the safety features of products and provide studies and data to support their claims.

The push for information technology. Today's patients are computer literate and expect their physicians to use the latest communication technologies. They seek information about physicians, treatments and clinical practice guidelines, and they want this information to be available to them via the Internet. Increasingly, patients expect to be able to use computers for health information activities such as shared decision making, psychosocial support groups, disease-specific information gathering, and physician and provider assessment. In addition, many health plans and organizations now require their physicians to use computers to keep patient records, write prescriptions and communicate with colleagues.

If used wisely, computers can help physicians work more efficiently, reduce errors, find information rapidly, save time and cut costs. Pharmaceutical companies can assist physicians in these areas by providing educational materials on the use of computers and new technologies for communication and information retrieval.

The next article in the series will discuss the changing roles of the 21st century physician.