

# Telemedicine and the Coming Physician Shortage

How you can do something now to  
avoid an impact to providing care

PREPARED BY  ALTRUIS™

## THE PHYSICIAN SHORTAGE IS NOT EXAGGERATED

A recent piece in Healthcare Dive asked the provocative question, “Is the doctor shortage problem overblown?” We work with providers in underserved communities, so we know the answer to that question: not.

With an aging population and a limited supply of physicians, the shortage is likely unavoidable. But by increasing the use of telemedicine and non-physician clinicians, and improving care coordination and chronic care management, we can reduce reliance on traditional doctor visits.

It just takes a little creativity.

## IT’S ALL SUPPLY AND DEMAND

The shortage is a basic function of supply vs. demand. Supply hasn’t been keeping up with demand, which is accelerating.

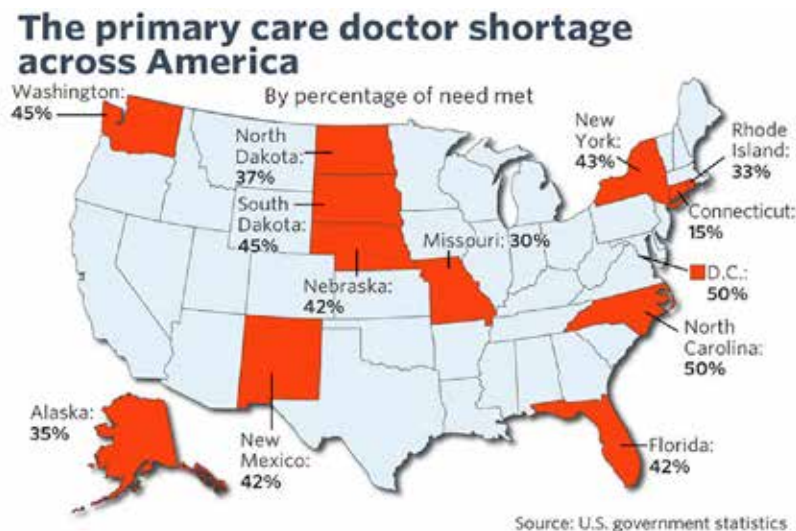
By 2060, the U.S. is expected to have a population of 404 million people; that’s 78 million more than in 2017, according to Census data. The number of Americans 65 and older--the largest consumers of healthcare--will almost double, from 49 million in 2015 to 95 million in 2060. And as early as 2035, adults 65+ are expected to outnumber children for the first time in U.S. history.

Meanwhile, the physician workforce is shrinking relative to demand. Physicians 65 and older account for 13.5 percent of the active workforce, and those between ages 55 and 64 make up nearly 27.2 percent, according to a 2018 report from the Association of American Medical Colleges (AAMC). Other factors include the limited number of residency slots and the fact that fewer international medical graduates are practicing in the U.S.

By 2030, demand for physicians will exceed supply by somewhere between 42,600 and 121,300, according to the AAMC report.

## THE GASPING CANARY

This imbalance will be felt most acutely in rural areas, where people tend to be older and more economically disadvantaged.<sup>1</sup>



<sup>1</sup>Michael Topchik, Rural Relevance 2017: Assessing the State of Rural Healthcare in America The Chartis Group [https://www.chartisforum.com/wp-content/uploads/2017/05/The-Rural-Relevance-Study\\_2017.pdf](https://www.chartisforum.com/wp-content/uploads/2017/05/The-Rural-Relevance-Study_2017.pdf)

<sup>2</sup>Samuels, K., Patel, K. McClellan M., “Transforming Rural Health Care: High-Quality, Sustainable Access to Specialty Care, “ Brookings Institution, Dec. 5, 2014

Actually, “will be felt” isn’t exactly accurate. Those who work in these areas can tell you that resources have been strained for quite a while now. After all, 65 percent of all health professional shortage areas are in rural America. Rural America is the canary in the coal mine. The ratio primary care physicians to patients is 39.8 to 100,000. In non-rural areas, it’s 53.3 to 100,000.<sup>2</sup> Additionally, the entire Baby Boomer Generation reaching age 65 – will skyrocket the number of Medicare beneficiaries to nearly 80 million by 2030. The problem is further multiplied by people living longer, making the demand for services exponentially higher every year relative to previous generations.

That canary is gasping. It’s time to listen.

## RETHINKING HEALTHCARE DELIVERY

Addressing the shortage and meeting the needs of patients require creativity and a range of solutions. What worked 20 years ago won’t work today. And for that matter, no single solution will be enough.

Experts have been calling for the reinvention of care delivery--especially primary care delivery--for decades. Care coordination, chronic care management, team-based care, better use of technology, more patient engagement --all are gaining attention and, in some cases, traction.

A 2013 Health Affairs paper goes so far as to make the case that such approaches could avert the anticipated primary care shortage.<sup>3</sup>

In seeking an answer to the question, “Is the doctor shortage problem overblown?” Healthcare Dive interviewed one of the authors of the Health Affairs paper, Linda Green, professor of healthcare management at Columbia. Five years later, she still holds that increasing use of telemedicine and non-physician care can reduce reliance on the traditional physician visit.

## DEPLOYING NON-PHYSICIAN PROVIDERS

Using non-physician clinicians makes sense. The number of physicians relative to patients may be shrinking, but the number of nurse practitioners (NPs) and physician assistants (PAs) is growing. Employment for NPs is projected to rise 36 percent by 2026. For PAs, it’s expected increase 37 percent.<sup>4</sup> And they aren’t nearing retirement age: The average age of NPs is 49; for PAs, it’s 38.<sup>5,6</sup>

Perhaps more important, research continues to support their value and expertise.<sup>7</sup> For example, a 2017 study found that, in community health centers, NPs and PAs delivered care that was equivalent to care delivered by physicians.<sup>8</sup>



<sup>3</sup> Green LV, Savin S, Lu Y. Primary care physician shortages could be eliminated through use of teams, nonphysicians, and electronic communication. *Health Aff (Millwood)*. 2013 Jan;32(1):11-9. doi: 10.1377/hlthaff.2012.1086

<sup>4</sup> Bureau of Labor Statistics (BLS), U.S. Department of Labor, Occupational Outlook Handbook

<sup>5</sup> American Association of Nurse Practitioners Fact Sheet

<sup>6</sup> National Commission on Certification of Physician Assistants 2016 Statistical Report of Certified Physician Assistants by Specialty (2017).

<sup>7</sup> Kurtzman ET, Barnow BS. “A Comparison of Nurse Practitioners, Physician Assistants, and Primary Care Physicians’ Patterns of Practice and Quality of Care in Health Centers.” *Med Care*.

<sup>8</sup> Stanik-Hutt J, Newhouse RP, White KM, et al. “The quality and effectiveness of care provided by nurse practitioners.” *J Nurse Pract* 2013;9:492-500

<sup>9</sup> VA Health Services Research & Development: Improving Access to Care through Telehealth, July 2016 [www.hsrd.research.va.gov/news/feature/telehealth2016.cfm](http://www.hsrd.research.va.gov/news/feature/telehealth2016.cfm)

<sup>10</sup> Institute of Medicine. 2012. *The Role of Telehealth in an Evolving Health Care Environment: Workshop Summary*. Washington, DC: The National Academies Press

<sup>11</sup> Bashshur RL, op cit.

<sup>12</sup> Flodgren, G., et al. Interactive telemedicine: effects on professional practice and healthcare outcomes. *Cochrane Effective Practice and Organisation of Care Group*, 2013. [onlinelibrary.wiley.com/doi/10.1002/14651858.CD002098.pub2/abstract](http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002098.pub2/abstract)

<sup>13</sup> Davis, R.M., Hitch, A.D., Salaam, M.M., Herman, W.H., Zimmer-Galler, I.E., Mayer-Davis, E.J. “TeleHealth improves diabetes self-management in an underserved community.” *Diabetes Care*. 2010 Aug 1;33(8):1712-7.

<sup>14</sup> Bashshur RL, et al. The Empirical Foundations of Telemedicine Interventions in Primary Care. *Telemedicine Journal and e-Health*. 2016;22(5):342-375.

## TELEHEALTH

Telehealth, too, continues to garner support, especially in rural and underserved communities.<sup>9,10</sup> Its adoption is increasing as technology improves and more communities have access to high-speed internet, but telehealth doesn't have to be high tech; it can be delivered by telephone.

No matter how telehealth is delivered, research suggests it compares favorably to in-person services and typically results in improved quality and cost savings."<sup>11,12,13</sup>

Not only are patients satisfied with the encounters: They tend to adhere to health advice and coaching provided by nurses via telephone.<sup>14</sup>

## TEAM-BASED CHRONIC CARE MANAGEMENT

Care coordination comes up repeatedly in any discussion addressing the physician shortage, and perhaps the best example of this is chronic care management (CCM). This isn't anything new. What's different is that it's becoming a mainstream approach to care.

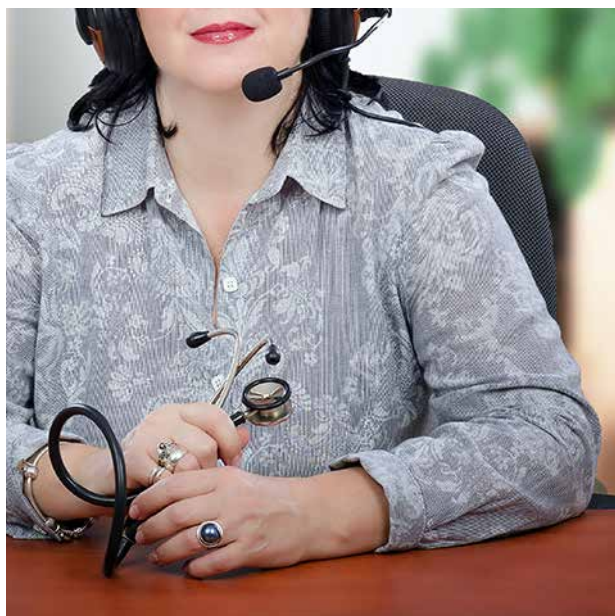
Broadly speaking, CCM represents a move away from simply responding to illness to a proactive approach focused on keeping a person as healthy as possible.

It improves care coordination by looking at the whole person, not just a single disease state--and it takes a team approach. The coordination element is crucial: Coordinated care improves outcomes, lowers costs and enhances patient satisfaction.<sup>15,16,17</sup>

By keeping patients out of the hospital and the emergency department, CCM reduces the strain on the healthcare workforce, including physicians. By encouraging efficient health system utilization, CCM helps contain costs overall.

CCM care can be delivered remotely through telephony, by nurse practitioners who can assess, diagnose, treat and prescribe to provide the best possible care to patients in the comfort of their own homes.

But understanding the long-term value of such an approach is only half of the equation. The other half is implementing it. It can be a capital investment for software and additional staff that many practices cannot afford. What's needed is a solution that offers a solution without a drain on overhead or addition to an already overburdened workflow.



<sup>15</sup> Wang MC, Mosen D, Shuster E, Bellows J. Association of patient-reported care coordination with patient satisfaction. *J Ambul Care Manage.* 2015 Jan-Mar;38(1):69-76

<sup>16</sup> Frandsen BR, Joynt KE, Rebitzer JB, Jha AK. Care fragmentation, quality, and costs among chronically ill patients. *Am J Manag Care.* 2015 May;21(5):355-62.

<sup>17</sup> CDC Multiple Chronic Conditions

## PULLING IT TOGETHER

We offer one such solution.

Altruis' Chronic Care Management solution allows clinics, providers, hospitals and health systems, and other providers to extend their practices to include CCM and transition care management without extending their workload.

As far as the patient is concerned, we are your practice. Our care delivery and coordination team acts as an extension of your organization. Each patient interacts with his or her own team. It's remote, but it's deeply personal.

In addition to phone conversations, user-friendly web and mobile apps engage patients, their families and their caregivers. For the provider, comprehensive tracking and streamlined workflow tools ensure compliance with the ever-changing landscape of health IT policy and regulation.

We handle all aspects of billing and reimbursement, and because ours is a contingency model, you incur no risk. You'll pay Altruis a percentage of the revenue you receive for the CCM program--after you receive those funds.

So, no, the physician-shortage crisis is not overblown. It's serious and demands multifaceted solutions that should be put in place before the shortage starts to impact our ability to properly care for chronically ill populations. Need more proof for how you need to be ready to help those in need as the physician shortage draws near? Check out our infographic, "How Much Money are You Leaving on the Table by Not Offering CCM Services?"

Altruis exists to serve providers with the most innovative revenue cycle management (RCM) technologies and services that deliver on the promise of healthier revenue—enabling our clients to remain focused and expand on their mission of patient care. As a leading medical billing service, Altruis manages all aspects of billing, claims, denials, AR management, and payment posting. As a true RCM partner, Altruis develops technologies that enhance reimbursement, help providers meet value-based care requirements, and ease the administrative burden for staff and patients. To learn more about how Altruis delivers healthier revenues for a healthier mission, [visit www.altruis.com](http://www.altruis.com).

<sup>15</sup> Wang MC, Mosen D, Shuster E, Bellows J. Association of patient-reported care coordination with patient satisfaction. *J Ambul Care Manage*. 2015 Jan-Mar;38(1):69-76

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