Turned Off and Burned Out: What Will It Take for "Front-Line" Medicine to Tune Back In?

Colin P. West, MD, PhD

The United States is facing a severe shortage of physicians providing access at the front lines of care access. Specialties with provider shortages include general medicine, family medicine, and other fields providing longitudinal primary and comprehensive care.[1,2] In fact, because nearly one-half of visits to subspecialists actually involve primary and general medical care services,[3,4] the insufficient supply of front-line physicians to meet patient care demands may be even more extreme than current projections suggest.

Despite this impending crisis, student and resident interest in these front-line longitudinal care fields has been stagnant at best in recent years and has declined drastically during the past 2 decades.[5,6] For example, in 2012, only 6% of graduating medical students planned careers in family medicine.[6] Additional data suggest only 2% of graduating medical students plan to practice general or primary care internal medicine,[7] and only 1 in 5 internal medicine residents plans a career in general medicine after graduation.[8]

What Are the Issues Limiting the Appeal of "Front-Line" Medical Careers?

Numerous factors have been implicated in the lack of interest in a primary and comprehensive care career path. Two prominent factors are reimbursement and work-life concerns. In an era of increasing education-related debt for young physicians (the median debt at graduation is now $160,000[9]), the increased return on investment from a career as a subspecialist can be profound.[10] Although the impact of earning potential on career choice has been debated, widening disparities between subspecialty and general medical salaries likely have a negative impact on the appeal of front-line careers. In addition, the growing and largely nonreimbursed administrative and paperwork burdens of medical practice are disproportionately borne by physicians on the front line of care.[7,11] These burdens not only lengthen work hours for physicians, but also distract them from the direct patient care activities from which physicians often derive the greatest meaning. It is not surprising, then, that front-line doctors experience high rates of burnout and low satisfaction with work-life balance relative to other medical specialties.[12]

These likely contributors to the lack of appeal of front-line medical fields as career options for many learners are important targets for reform. In addition, it is important to highlight a third factor that may actually drive the previously discussed concerns. This issue is the respect and esteem accorded to front-line physicians and their practices.

Family physicians, general internists, and other physicians who provide primary care have completed residency training, just as is required for dermatologists, orthopedic surgeons, radiologists, and physicians in any other specialty area. These latter groups of physicians are uniformly regarded as specialists. However, despite possessing equivalent required training by completing full residencies, front-line physicians are seldom considered specialists in their own right.

In fact, serving on the front line of care requires a unique skill set not all physicians possess. Practiced properly, front-line medicine is not simply application of established treatment algorithms or triage to subspecialists. Rather, it is comprehensive care based on the ability to effectively assess often ill-defined or nonspecific symptoms (eg, fatigue, fever, weight loss) by synthesizing knowledge across multiple systems. From there, cost-effective engagement of additional services, including supportive evaluations from other specialists, can proceed where it will be most beneficial. These skills are complex, they are not learned solely in medical school and residency, and their development requires experience and ongoing application in practice. In short, they are the hard-earned skills of a specialist.

How does this relate to the factors leading learners away from the front-line fields of medical practice? Consider as an example the current medical care reimbursement system in the United States, with particular attention to outpatient services. This system places far greater financial value on procedural performance than on the often nonprocedural cognitive effort required for front-line medical practice. This imbalance accounts for most of the large salary gap between these physicians and

Colin P. West, MD, PhD, is a Consultant and Associate Professor in the Divisions of General Internal Medicine and Biostatistics at the Mayo Clinic.

Corresponding author: Colin P. West, MD, PhD, Divisions of General Internal Medicine and Biostatistics, Mayo Clinic, 200 First Street SW, Rochester, MN 55905, 507.284.2661, west.colin@mayo.edu

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procedural specialists and assigns a clear relative worth to the provision of these services. The fact that fewer than 15% of current American Medical Association/Specialty Society Relative Value Scale Update Committee members practice front-line medicine appears to be correlated with the relative undervaluation of nonprocedural care.[13] Little financial respect is shown to the care coordination and synthesis that front-line physicians provide, and general esteem within medicine has followed suit. Despite no objective evidence that physicians who practice medicine at the front line of care are less skilled or less intelligent than their colleagues in other specialties, bright medical students and residents are constantly barraged with attitudes suggesting they are "too smart" to choose front-line careers.[14] None of this is a recipe for growth in these career paths.

What Can Be Done to Better Promote "Front-Line" Medical Careers?

In the face of these barriers to establishing front-line fields as desirable career paths, what can be done to improve the situation and ensure we provide this necessary care to our population? Of course, nonphysicians can and should be integrated into primary and comprehensive care practices. Currently, nearly 100,000 physician assistants and nurse practitioners practice primary care in the United States, providing important services to many thousands of patients.[15] However, a strategy relying on these groups alone will fail for 2 reasons. First, the complexity of front-line care previously described suggests that training adequate numbers of physician specialists in primary and comprehensive care specialties will continue to be necessary. Second, most physician assistants and nearly half of nurse practitioners currently work in subspecialties, and trends show these groups are actually moving away from front-line medical fields, just as has been observed for physicians.[15] This further illustrates that it is the practice environment of front-line medicine rather than any specific educational failing which is the issue. So what else can be done? I offer 3 suggestions that also serve as challenges to the medical community.

First, as discussed above, we should consciously relabel physicians providing comprehensive longitudinal front-line medical care as specialists in this care. Our procedural skills include our ability to meticulously obtain a careful history and perform a complete physical examination, establish meaningful longitudinal relationships with patients, synthesize patient concerns, and coordinate comprehensive care plans. These skills are unique and should be respected no less than the unique skills of other specialists.

Second, as an extension of this respect we should unapologetically equate the skills of front-line specialists with procedures requiring greater use of technology but often less complex skill sets, so that reimbursement for skills and services provided is commensurate with the value of those skills and services to the health care system.

Third, we should either reduce the avalanche of administrative work that has buried front-line medicine, including primary care, or acknowledge its value and compensate appropriately for the apparently unique expertise required to complete it correctly. These steps would have multiple benefits, including improving the quality of practice for our current generation of front-line physicians, helping them serve as role models within genuinely desirable medical practices, and attracting students into fields that offer renewed respect and opportunity.

In conclusion, one might wonder why any learner would choose to practice on the front line of care given the description of the current challenges in this "Perspective." To this, let me offer a message of some hope. It is true that we have allowed our health care system's priorities to stray off course, with undue emphasis on volume of care and use of expensive technology and inappropriate devaluation of the strong primary care foundation seen in effective health care systems across the world. What is truly remarkable, however, is that thousands of bright, passionate learners in family medicine, internal medicine, pediatrics, and other front-line fields do still choose to practice, no, to *specialize* in primary care and general medicine in spite of these barriers. We must begin to show respect for the unique skills these physicians possess and their importance to our health care system, reassess what we value in health care, and restore equitable treatment of physicians across the specialties of medicine. If we respond as a profession to these needs, the value the current thousands of dedicated front-line physicians provide in improving the health of our country can be augmented by the contributions of the many thousands of new recruits our society requires. We must demonstrate as a profession that we are serious about these changes. If we rise to this challenge, learners will turn on and tune in to front-line medical specialties rather than burning out.

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