Physician Workforce Projections

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Sharp Rees-Stealy Medical Group

- San Diego’s first multispecialty medical group
- 502 physicians
- 100 NPs and PAs
- Foundation model – Sharp HealthCare Partner
- 1887 employees
- 300,000 active patients
Sharp Rees-Stealy Medical Group

- 70% Capitation, 30% Fee for service
- 200,000 Enrollees
- 1.4 Million visits in 2015
- 23 Sites throughout San Diego County
- 29 Specialties
Awards and Recognition

• AMGA Acclaim Award Honoree 2014
• Top 10% Nationally for Patient Satisfaction
• Number two medical group in California by Consumer reports based on patient experience amongst 170 medical groups
• California’s Office of Patient Advocate 4/4 stars rating amongst 207 groups
SRSMG - Multispeciality

• Primary Care
  – Family Medicine
  – General Internal Medicine
  – Pediatrics

• Specialty Care
  – 26 Specialties including Urgent Care
Primary Care Staffing

• Largely Panel Based
  – Panels
    • Total Panel = Anyone seen by physician in last X years
    • Adjusted HMO panel = Enrolled HMO patients weighted for age and sex. Corrected for disenrollment monthly.
    • Active HMO panel = Adjusted HMO panel seen in last year.
    • Workload panel = Adjusted HMO panel – upgrossed to take into account percent of work done on FFS patients.
    • (Typically FFS patients come in ½ as often as HMO)
Determining Primary Care Need

• What we use at SRSMG
  – Workload Panel Sizes
    • Capacity varies by region, ability, NP/PA staffing
    • Scope of practice – OB, Pediatrics, surgery, hospital
    • Severity of illness
      – Very hard to measure individual practice level
      – Exchange patients
  • Support infrastructure
    – Population health done in background?
    – Chronic care nursing, DM educators, disease management
Determining Primary Care Need

• What we use at SRSMG
  – Workload Panel Sizes
    • Specialty access
    • Administrative burden
    • EHR functionality
  – Benchmarking data
    • RVU and visit based
      – Flawed metric in managed care
      – Misses portal activity
      – Misses population health outreach
Determining Primary Care Need

• What we use at SRSMG
  – Backlog Data – Use with care
    • Varies based on practice patterns
    • Avoid rewarding inefficiency with more staffing
  – Enrollment growth data
    • Trended year to year
    • Panel growth and staffing change
Determining Primary Care Need

– Anticipated growth
  • New site coming on line
  • New contract coming

– At times space availability may override proven need data.
  • If you build it they will come
Determining Specialty Care Need

- What we use at SRSMG
  - Backlog data
    - Same caveats on efficient practice as primary care
    - Are specialists doing what is appropriate
      - Orthopedics doing non-surgical work
      - Rheumatology doing simple OA
      - Primary care referrals appropriate

- New visits/consult percent of visits
  - Addresses handoff vs. velcro
  - Benchmark data helpful
Determining Specialty Care Need

• What we use at SRSMG
  – Medical Group growth
    • Workload panel growth
    • Sum of FTE’s plus locum work year to year
  – Review work being sent out of the group
  – Specialty practice content varies by group, location, subspecialty, and individual
    • Rheumatology, ophthalmology, MSK, Spine
Determining Specialty Care Need

• What we use at SRSMG
  – New Technology or standard of care
    • Gastroenterology – colonoscopy
    – Ever growing demand of an aging population
    – For now...
  • Rheumatology/Orthopedics – Viscosupplementation
    – MSK Medicine
  • Retina Surgery – Intra-ocular injections anti-angiogenesis meds
Determining Specialty Care Need

• What we use at SRSMG
  – Demographic change
    • Aging population
      – More total joint surgeons
      – More cataract surgeons
Summary Points

• A panel is not a panel – beware definition
• Physician staffing needs vary based on multiple variables:
  – Age and sex
  – Practice patterns of physicians
    • Scope of Practice, skill, ancillary assistance, population health, specialty resources
Summary Points

• Patient’s insurance benefits
  – Newly insured
  – FFS vs HMO
  – Copay amount, high deductible plans.
Questions?