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# **Primary Care Internal Medicine: For Fun and Profit**

## Faculty

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Disclosure

No significant relationship to disclose.

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## Dinosaurs III

- Medicine in the 21<sup>st</sup> Century  
or  
The Strange Case of the  
Disappearing Consulting  
Generalist  
or  
The Death of Internal Medicine  
as We Know It

- “The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head.”
- Sir William Osler

## Sir William Osler

- To combine in due measure the altruistic, the scientific and the business side of our work is not an easy task. In the three great professions, the lawyer has to consider only his head and his pocket, the parson the head and the heart, while us the head, heart and pocket are all engaged.

## Thriving in the 21<sup>st</sup> Century

- “...general Internal medicine should stay both broad and deep- ranging from uncomplicated primary care to continuous care of patients with multiple, complex, chronic diseases...”
- The Future of Internal Medicine  
Society of General Internal Medicine

## Thriving in the 21<sup>ST</sup> Century

- Should I be self-employed ?
- Is small better?
- Is Rural better?
- How important is IT
- What are the advantages/disadvantages of physician extenders?
- Should we be proceduralists?
- Should I marry my partners?
- Is continuity of care important?

- Service area 20,000 people.
- We are the sole internal medicine group
- Presently 3 physicians and 1 P.A.
- ~ 12368 office visits
- ~ 7460 hospital visits
- ~ 1170 office procedures
- ~ 2100 hospital procedures

• Site	% revenue
• Office visits	45%
• Hosp visits	32%
• Office procedures	11%
• Hosp procedures	12%

- Office procedures: event recorders, holter monitor, treadmill tests, ambulatory BP, dexa scans, joint and soft tissue injections, skin lesion removals, ekg, u/a, hct, pap.
- Hospital procedures: echo, rvg, perfusion imaging, central lines, swan- ganz cath, temp pacemakers, bone marrow asp and bx, thora/ paracentesis/ pfts, methacholine challenge, tilt tables, pacemaker f/u, LP

- Office based procedures**
- Low cost/ simple technology:
    - event recorders 93224 148.36.
    - O2 sat 94760
    - EKG 93000 23.19
  - Moderate cost/simple technology:
    - Exercise treadmill 93015 98.51
    - 24 hr BP monitor 93784 67.87

- Office based procedures**
- Low cost but improves office efficiency:
    - office based Protimes 85610 5.49
    - U/A 81000 4.43

- Office based procedures**
- High cost/ complex technology:
    - Holter Monitoring 93227 148.36
    - Dexa Scanning 76075 123.16
  - HOSPITAL BASE
    - Perfusion imaging  
78465/78478/78480/93016/93018 173.43.
    - Echocardiography 93307 /93320 67.09

## procedures

- Bone Marrow aspirate / BX 38221 75.73
- Thoracentesis 32000 76.57
- Internal jugular line 36489 125.15
- Paracentesis 49050 68.99
- Large joint injection 20610 61.50
- Small joint injection 20600 20.85
- Liquid N2 17100 33.56

- Advantages:
- wide range of procedures ,roles and responsibilities allows for one to create a niche of comfort that can be tailored as practice evolves
- performing ones own procedures improves pt care and makes results more meaningful.
- we are not gatekeepers relegated to coordinating subspecialty visits
- supplements income
- Disadvantages: ?????
- we are busy

## Rural Health Clinic

- Federal program established 1977 to address an inadequate supply of physicians in rural areas
- Clinics must be located in :
  - a non urbanized (<50,000) area
  - medically underserved
  - geographic HPSA
  - population group HPSA

## Rural Health clinic

- Clinic must also :
  - Employ a midlevel practitioner 50% of clinic hours
  - Provide routine diagnostic and laboratory services
  - Establish arrangements to furnish medically necessary services not otherwise available at the clinic
  - Provide first response emergency care

## Rural Health Clinic

- Clinics provider based to a hospital of less than 50 beds are cost based and not subject to the national cap. ( payment equals- total allowable cost divided by total RHC visits

## Thriving in the 21<sup>ST</sup> Century

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## A modest proposal

- Revolutionize the doctors black bag!
- Noninvasive cardiology could be shared with internal medicine
- Additional procedures such as screening colonoscopy, dexas, endometrial aspirates could be added

- Are newly trained general internists comfortable with a procedure oriented practice where subspecialty referral is an exception?
- If hospital practice is carved out, can an office based practice earn a living?
- will hospitals continue to be willing to financially support recent practice models

## Revitalization

- In this changing environment, what do our patients value and need?
- What do we value and need?

- What are the crucial elements of patient centered care?
- Are we aspiring to patient centered or physician centered care?