

# Ten-Year Decline Seen in Work Hours, Fees

BY MARY ANN MOON

The number of hours U.S. physicians work each week has markedly and steadily decreased during the past decade, after having remained stable during the 2 preceding decades, according to an analysis of employment data.

While the study was not designed to identify why such changes have occurred, investigators did find a striking correlation between physicians' decreasing hours and decreasing fees for their services. Inflation-adjusted physician fees changed little until the mid 1990s, when they began a steady 10-year decline. "By 2006, physician fees were 25% lower than their inflation-adjusted 1995 levels," Douglas O. Staiger, Ph.D., of Dartmouth College, Hanover, N.H., and his colleagues noted.

The decrease in hours worked per week "was broad-based and not concentrated among physicians with particular demographic characteristics or working in particular settings." Physicians from all demographic areas have shortened their typical work weeks from the approximately 55 hours that prevailed since 1977 to 51 hours, the investigators said.

In contrast, mean weekly hours worked by other professionals such as lawyers, engineers, and registered nurses "changed very little during the past 30 years, which is consistent with national trends in mean weekly hours among all workers published by the Bureau of Labor Statistics," they said.

The researchers said they examined this issue because

most studies concerning the medical work force, as well as the policy decisions based on those studies, have assumed that hours worked by physicians have remained constant. A few recent studies have suggested that this assumption may no longer be warranted.

Dr. Staiger and his colleagues analyzed data from the Census Bureau's Current Population Survey, an annual report that obtains detailed information about employment from a nationally representative sample of adults.

They examined data from the late 1970s through 2008 on all 116,733 survey subjects listed as physicians or surgeons.

Physician weekly work hours were stable during 1977-1997, ranging only from a low of 54.6 hours to a high of 55.9. Since then, however, work hours have declined steadily, and they currently total 51 hours per week.

During the same interval, mean physician fees, adjusted for inflation, decreased by 25%. "It is likely that a third factor that was associated with lower fees, such as growing managed care penetration or market competition, may have contributed to the decrease in physi-



A downward trend in work hours will affect physician supply and health care policy.

cian hours," Dr. Staiger and his colleagues noted (JAMA 2010;303:747-53).

"Whatever the underlying cause, the decrease ... raises implications for physician workforce supply and overall health care policy. A 5.7% decrease in hours worked by nonresident physicians in patient care, out of a workforce of approximately 630,000 in 2007, is equivalent to a loss of approximately 36,000 physicians from the workforce.

"Although the number of physicians has nearly doubled during the last 30 years, many workforce analysts and professional organizations are concerned about the adequacy of the size of the future physician workforce. This trend toward lower hours, if it continues, will make expanding or maintaining current levels of physician supply more difficult," they noted.

The trend also "could frustrate stated goals of health reform, which may require an expanded physician workforce to take on new roles and enhanced functions in a reformed delivery system."

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### NHLBI Urged to Spill Coca-Cola

The Center for Science in the Public Interest is urging the National Heart, Lung, and Blood Institute to reverse its partnership with Coca-Cola in an effort to raise awareness of heart disease among women. In a letter to the institute, the nonprofit organization noted that Coca-Cola is the biggest manufacturer of "obesogenic" soft drinks. That means the sponsorship "is as inappropriate as it would be to allow Philip Morris to sponsor NHLBI's antismoking efforts," the CSPI said in a letter to the institute. In a statement, CSPI Executive Director Michael F. Jacobson noted that although Diet Coke is the ostensible sponsor of the awareness campaign, "it is the entire Coca-Cola product line that is basking in the credibility conferred by a government heart-health agency ... when in fact Coca-Cola promotes heart disease by marketing drinks that contribute to obesity. Coke has long sought to affiliate with or co-opt health groups, and associate its brand with athletes and models. I fervently hope that NHLBI officials understand that letting Coke bask in their agency's good reputation does American hearts far more harm than good."

### Access to Specialists a Problem

The Agency for Healthcare Research and Quality reports that 1 in 13 American adults who needed to see a specialist in 2007 said that getting access was a

"big problem." The data come from the Medical Expenditure Panel Survey. The agency said that respondents were not asked why they had access problems. But the survey report added that access problems can be due to lack of health insurance, specialists' nonparticipation in a patient's health plan, and long waits for appointments. The survey found that 16% of adults without primary care physicians had problems accessing specialists, compared with 6% of those who had a usual source of primary care. Nonelderly uninsured adults had the most difficulty getting in to see a specialist, followed by nonelderly adults with public health coverage and those with private insurance. More data are available in the agency's report, "Variations in Perceived Need and Access to Specialty Care Among Adults in the U.S. Civilian Noninstitutionalized Population, 2007," available at [www.meps.ahrq.gov/mepsweb/data\\_files/publications/st274/stat274.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/st274/stat274.pdf).

### PhRMA Chief Resigning

Billy Tauzin, president and chief executive officer of Pharmaceutical Research and Manufacturers of America, announced in February that he will leave the trade association at the end of June. Mr. Tauzin noted in a statement that he took on the PhRMA role in 2005 shortly after a battle with cancer. "As the first-ever cancer patient to lead PhRMA as its CEO, I now believe it is time I move on

and hand the mantle of leadership of this great organization to others as passionate as myself, and to explore the many other interests I would like to pursue in this special second-chance life that I have been given," Mr. Tauzin said. He also denied speculation that he was pushed out by PhRMA member companies unhappy with the deal that he made last year to support the Obama administration's health reform plan.

### A Vote for Information Exchanges

Several state and regional health information exchanges are having positive effects on care, according to a report by the Government Accountability Office. The GAO studied 4 out of 60 health information exchanges currently operating and found that 2 of them link hospitals to their states' public health departments in ways that prompt early detection of disease outbreaks. For instance, one state used the link to obtain information about H1N1 influenza cases more quickly than other states were able to do. In another example of an exchange's usefulness, a hospital reported that an emergency department physician was able to discover that a patient requesting pain medication had done the same in five area hospitals over the preceding seven nights.

### HHS Extends Medicaid Relief

The Department of Health and Human Services is giving states a \$4.3-billion break on prescription drugs for people who qualify for both Medicare and Medicaid. That's how much less the federal government will charge states through this year for Medicare coverage of drugs for the "dual eligibles." "We believe [this]

action will help states as they struggle to maintain Medicaid and other budget priorities in these difficult economic times," HHS Secretary Kathleen Sebelius said in a statement. The relief comes from last year's American Recovery and Reinvestment Act, which granted a temporary increase in the amount states receive from the federal government for Medicaid. The new action applies the funding adjustment for the period Oct. 1, 2008, through Dec. 31, 2010. California's estimated savings are the largest in the country, at \$675 million, while Wyoming will probably receive the least, at about \$4 million. In his proposed budget for 2011, President Obama called for again extending the funding break, through June 30, 2011.

### MedPAC Calls for Pay Increases

Most Medicare beneficiaries are able to get timely appointments when they need them, according to an annual survey conducted by the Medicare Payment Advisory Commission. In fact, Medicare beneficiaries report better physician access than the privately insured population, according to the findings, which were based on a poll of 4,000 Medicare beneficiaries and 4,000 privately insured individuals aged 50-64 years. Of note, both groups reported that finding a new primary care physician was more difficult than finding a new specialist. In related news, MedPAC voted last month to request that Congress approve a 1% increase in the Medicare physician payment rate for 2011. In addition, the commission pushed for a budget-neutral payment increase specifically for primary care services.

—Joyce Frieden