

ACC: Shrinking Workforce Will Face Higher Demand

BY JOYCE FRIEDEN

The United States lacks about 3,000 cardiologists, and that shortage will only get worse in the coming years, according to a nationwide study conducted by the American College of Cardiology.

"Our guess is that the deficit in cardiologists is probably going to widen and even double by the time we get to 2030 and 2050," Dr. George Rodgers, lead author of the study and chair of the ACC Board of Trustees Workforce Task Force, said in a teleconference. "The drivers [of this deficit] are the aging of the population ... and the epidemic of obesity and heart disease that follows that, along with diabetes. We feel there is going to be significant worsening there."

Dr. Rodgers and his colleagues surveyed more than 6,000 office-based cardiology practices, more than 1,000 office-based pediatric cardiology practices, and 110 chiefs of cardiology at academic medical centers to see how many job openings were posted. The Lewin Group, a consulting firm, also projected cardiology workforce needs over the next 20 years based on data from sources including the American Medical Association Masterfile, the Association of American Medical Colleges Over 50 Survey, and the Medicare Part B analysis file. The study was funded by the ACC (*J. Am. Coll. Cardiol.* 2009;54:1195-208).

"Today there is an active workforce of 24,000 cardiologists in America; the problem is, we only produce 750-800 new cardiologists every year," said Dr. Rodgers, who is in private practice in Austin, Tex. "And we have a large portion of the workforce—43%—who are age 55 and over and who might be considering retirement."

Health care reform is another potential confounder, he said. "We're certainly in favor of health care reform." But if it succeeds in insuring the estimated 47 million people who now have none, "they'll have better access and create more demand."

Greater success in treating heart disease and other ailments has increased the need for cardiovascular specialists, Dr. Janet Wright, vice president for science and quality at the college, said during the teleconference. "There has been a 29% reduction in death and disability from heart disease in last 8 years, but that also translates into more and more people managing cardiac problems in addition

to other medical issues. The population is living longer but trying to manage more medications and more illnesses, and they need more doctors as well."

The supply of cardiologists also suffers from racial and gender inequity, Dr. Rodgers said. Hispanics and African Americans make up 25% of the U.S. population, but they accounted for 10% of cardiology fellows in 2006-2007, and women make up 12% of the general cardiology workforce, the study found.

Geographic maldistribution problems could be reduced by producing incentives for cardiovascular specialists to want to go to rural and inner-city areas, Dr. Rodgers said, citing financial incentives such as loan forgiveness. "Many physicians end up with debt of over \$100,000 because of educational loans," he said.

Dr. Rodgers offered the following suggestions:

► **Increase funding for cardiology fellowship slots.** "Are there not enough internal medicine residents who want to become cardiologists? That's certainly not the case—for every fellowship position in cardiology there are 1½ eligible candidates," he said. "And of the 179 [cardiology] fellowship programs in country, most say they could certainly expand, but they don't have the funding to do it. That's a key problem we need to address with Washington."

► **Encourage more coordinated care.** "Team care and working with nurse practitioners and physician assistants who are trained to deliver care in a cardiovascular environment," also could ease the situation, he said. "The ACC is working on a core curriculum to supplement the training these professionals have so they can be more adept at cardiovascular care. But we also need to teach cardiologists how to work in a team care environment. That's a little bit of a paradigm shift for many, but we feel this is an underutilized approach."

► **Improve work-life balance.** "The demand on cardiologists is tremendous—they have night call and weekend call, and they also must be available on a moment's notice to go to the hospital and open up a closed artery when someone is having a heart attack," he said. This demand can be addressed systematically, for example by having interventional cardiologists coordinate on-call coverage, "but if your community is short with regard to interventional cardiologists, it's a problem." ■



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New CMS Proposal on CTA

The Centers for Medicare and Medicaid Services, on the basis of new studies, is proposing a new coverage policy for carotid artery stenting, but only where it concerns the use of embolic protection devices. The agency proposes to limit coverage to procedures that use stents and embolic devices that have been approved by the Food and Drug Administration. The agency said the use of such a device is required, and that if deployment is not possible, the procedure should be aborted. The CMS proposed no other changes to its CTA coverage policy. The FDA has approved seven carotid stent systems, five distal filter embolic protection devices, and one distal balloon occlusion EPD. The FDA has also granted approval to a proximally placed flow reversal EPD and one distally placed filter with focal suction, according to the CMS.

Heart Group Scorns Sugar

The American Heart Association recommends that Americans drastically cut their intake of sugar to ward off obesity and related conditions. Survey results from 2004 showed that the average American consumed about 22 teaspoons, or 355 extra calories, per day of sugar added to food during processing or preparation—mainly in sugar-sweetened drinks. But the AHA said that men should consume no more than 9 teaspoons, or 150 calories a day, of this added sugar, while women should limit themselves to 6 teaspoons, or 100 calories. One 12-ounce can of soda contains about 8 teaspoons of sugar. In a scientific statement published in the Sept. 15 issue of *Circulation*, the AHA noted that limited clinical trial data link sugar consumption with obesity, but observational studies associate a higher intake of soft drinks with greater energy intake, higher body weight, and lower intake of essential nutrients.

Supplement Maker Fined \$70 M

In a case brought by the Federal Trade Commission, a marketing group that used infomercials to tout calcium and herbal supplements as effective treatments for heart disease, Parkinson's disease, cancer, and autoimmune conditions has been ordered to pay about \$70 million in consumer refunds. Last year, the U.S. District Court for the District of Massachusetts ruled that the companies and individuals involved in marketing the supplements had falsely represented their safety and efficacy. Judge George O'Toole considered potential financial penalties separately, and has ordered the restitution to strip from the defendants all profits derived from the supplement sales. He issued injunctions to prevent similar claims about other products.

Tobacco Makers Challenge Law

Five tobacco manufacturers, along with a retailer, have filed suit to challenge the constitutionality of the new federal law that limits many forms of tobacco advertising. The plaintiffs chose the U.S. District Court for the Western District of Kentucky to argue that the law interferes with their First Amendment right to free speech. Lawmakers approved the Family Smoking Prevention and Tobacco Control Act last spring, setting new limits on tobacco promotion and giving the FDA authority to regulate tobacco products. The law prohibits most color and images in advertising, mandates larger warnings on tobacco products, and bans ad campaigns aimed at underage smokers. The tobacco interests say the law hampers their ability to communicate with adult customers.

Medical Groups Post Losses

Many physician groups that are part of large, integrated provider organizations are operating at a loss, according to the American Medical Group Association's 2009 Medical Group Compensation and Financial Survey. But losses for the doctors' operations do not mean that larger organizations are losing money overall, Tom Flatt, AMGA director of communications and publications, said in an interview. "These large, integrated systems actually have revenues coming in from other parts of the organization, so they can stay afloat," he said. In 2008, only physician groups in the Eastern United States broke even, while losses elsewhere ranged from \$120 per physician in the South to \$3,254 per physician in the North. AMGA blamed declining reimbursement, competition for specialists, and the cost of new technology for the physician group losses.

Agency Calls for Fee Efficiency

Medicare should review and possibly reduce fees when physicians provide multiple services to individual patients on the same day, the Government Accountability Office recommended. The CMS has not done enough to "reduce excess physician payments" reflecting efficiencies that doctors achieve when delivering multiple services, the GAO indicated. "For example, when two services are furnished together, a physician reviews a patient's medical records once, but the time for that activity is generally reflected in fees paid for both services," according to the GAO's summary of its report. The expansion of payment policies that are designed to reflect multiple-service efficiencies could save more than \$500 million each year, the GAO said.

—Alicia Ault

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