# Demand Is High For Primary Care Providers

BY JANE ANDERSON

Although demand for many medical specialists remains strong, group practices and hospitals are focused on recruiting family physicians, general internists, hospitalists, pediatricians, and psychiatrists, according to a review of physician recruitment.

In "2009 Review of Physician Recruiting Incentives," the physician-search firm Merritt Hawkins & Associates notes that in the past year it handled more requests for family physicians than for any other specialty type. Requests for primary care physicians between April 2008 and March 2009 increased 23% over the previous year, the Irving, Tex.—based company said. It added that although insurers and government programs are increasing their focus on primary care, fewer physicians in training are choosing to be generalists.

A spokeswoman for the Medical Group Management Association agreed that primary care physicians are in higher demand than other specialties. She added, however, that MGMA's own surveys show that increases in primary care physicians' incomes overall haven't been beating inflation.

However, the review by Merritt Hawkins, which tracks over 3,200 physician recruiting assignments, found that salaries offered to newly recruited physicians reflect the increased demand. According to the company, the average salary or income guarantee offered to family physicians jumped 19 percent in the past 3 years, to \$173,000; the average offered to general internists rose 15 percent, to \$186,000; and the average for pediatricians increased 13 percent, to \$171,000.

David Nyman, manager of physician recruitment at the Marshfield Clinic in Wisconsin, said in an interview that the disparities between salary figures in the MGMA and Merritt Hawkins reports can be explained by the different groups of physicians involved. Merritt Hawkins tends to take on the "harder" recruitment assignments and therefore can wind up paying physicians more than the average, he said.

Mr. Nyman added that he's seen an increase in the number of groups willing to help new physicians with their student loans as an incentive to sign on. Groups are well aware that few physicians are going into primary care these days, which is driving increased recruitment of generalists, Nyman said. "People are adding primary physicians now, anticipating that it's going to be more difficult to find them down the road," he said.

"Virtually every hospital or large medical group in the United States would be happy to add a family physician or general internist," said Merritt Hawkins' president, Mark Smith, in a statement. "There simply are not enough primary care doctors to go around."

Demand is also robust for hospitalists, the report said, and that may be hurting primary care. Because many internists are choosing to practice as hospitalists, the supply of physicians for general internal medicine has been constrained, the report concluded.

Meanwhile, demand is strong for various specialists, particularly general surgeons, the Merritt Hawkins report found. General surgeons are becoming increasingly hard to recruit because fewer medical school graduates who choose surgery are opting for the full range of that specialty, the report said.

More than 40 percent of general surgeons are 55 or older and many are retiring, the report said. Merritt Hawkins said it conducted nearly twice as many general surgery searches for clients in 2008-2009 as it did the previous year.

Psychiatry faces a similar situation, the report said, with demand for psychiatrists strong and many practicing psychiatrists near retirement. Other specialty areas experiencing robust demand include

orthopedic surgery, obstetrics/gynecology, cardiology, urology, pulmonology, gastroenterology, otolaryngology, hematology/oncology, dermatology, neurology, and emergency medicine.

The search firm reported that 85% of all physicians were offered signing bonuses in 2008-2009, compared with just 58% 3 years ago. The average signing bonus offered to all physicians last year was \$24,850.

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Humalog is contraindicated during episodes of hypoglycemia and in patients sensitive to Humalog or one of its excipients.

### **Important Safety Information**

Humalog differs from regular human insulin by its rapid onset of action as well as a shorter duration of action. Therefore, when used as a mealtime insulin, Humalog should be given within 15 minutes before or immediately after a meal.

Due to the short duration of action of Humalog, patients with type 1 diabetes also require a longer-acting insulin to maintain glucose control (except when using an insulin pump). Glucose monitoring is recommended for all patients with diabetes.

The safety and effectiveness of Humalog in patients less than 3 years of age have not been established. There are no adequate and well-controlled clinical studies of the use of Humalog in pregnant or nursing women.

Starting or changing insulin therapy should be done cautiously and only under medical supervision.

## Hypoglycemia

Hypoglycemia is the most common adverse effect associated with insulins, including Humalog. Hypoglycemia can happen suddenly, and symptoms may be different for each person and may change from time to time. Severe hypoglycemia can cause seizures and may be life-threatening.

#### Other Side Effects

Other potential side effects associated with the use of insulins include: hypokalemia, weight gain, lipodystrophy, and hypersensitivity. Systemic allergy is less common, but

may be life-threatening. Because of the difference in action of Humalog, care should be taken in patients in whom hypoglycemia or hypokalemia may be clinically relevant (eg, those who are fasting, have autonomic neuropathy or renal impairment, are using potassium-lowering drugs, or taking drugs sensitive to serum potassium level).

For additional safety profile and other important prescribing considerations, see the accompanying Brief Summary of full Prescribing Information.

#### Please see full user manual that accompanies the Pen.

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