



Introduction

- One in three doctors report an *intent* to reduce clinical hours, but the true prevalence of physicians decreasing their scheduled clinical effort is unknown.
- There is particular interest in understanding these patterns for primary care physicians (PCPs), who are already in short supply, versus other physicians.
- We sought to characterize 1) the prevalence and extent of physicians' increases or decreases in clinical effort, 2) temporal trends in clinical effort changes, and 3) factors associated with physicians changing their clinical effort.

Methods

Study Design

- Longitudinal analysis of 2013-2021 from the Medicare Physician and Other Practitioners Dataset on the provision of office-based services to traditional Medicare beneficiaries

Study Population

- Physicians who provided at least 50 evaluation and management (E&M) services to Medicare patients during a minimum of three consecutive years from 2013-2021

Analytic Approach

- Categorized physicians into primary care, medical, and surgical specialties
- Descriptively characterized sample and tabulated physicians' yearly evaluation and management (E&M) services for Medicare patients
- Calculated the prevalence of: 1) Yearly 10%, 25%, and 50% year-to-year reductions or increases in physicians' services rendered which were maintained for two additional years; 2) *Any* 10%, 25%, or 50% year-to-year increase or decrease in physicians' services over the study period
- Built multivariable logistic regression models to identify the physician demographic and patient panel factors associated with any 25% decrease in services over the study period

Results

Sample Characteristics

- 476,980 physicians (89.8% MDs, 68.1% male, 90.2% urban)
- 37.7% primary care, 35.6% medical, 26.7% surgical
- Sample physicians cared for a median (IQR) of 241 (110, 460) unique Medicare beneficiaries
 - Beneficiaries had a median risk score of 1.3 (1.1, 1.8) and a median age of 72 (69,74)
- Physicians rendered a median of 399 (183, 783) yearly outpatient E&M services

Results (cont.)

Figure 1. Percent of Physicians with A) Sustained Decreases and B) Sustained Increases in Office-Based Medicare Services Rendered, by Specialty Group, at Any Time from 2013-2021

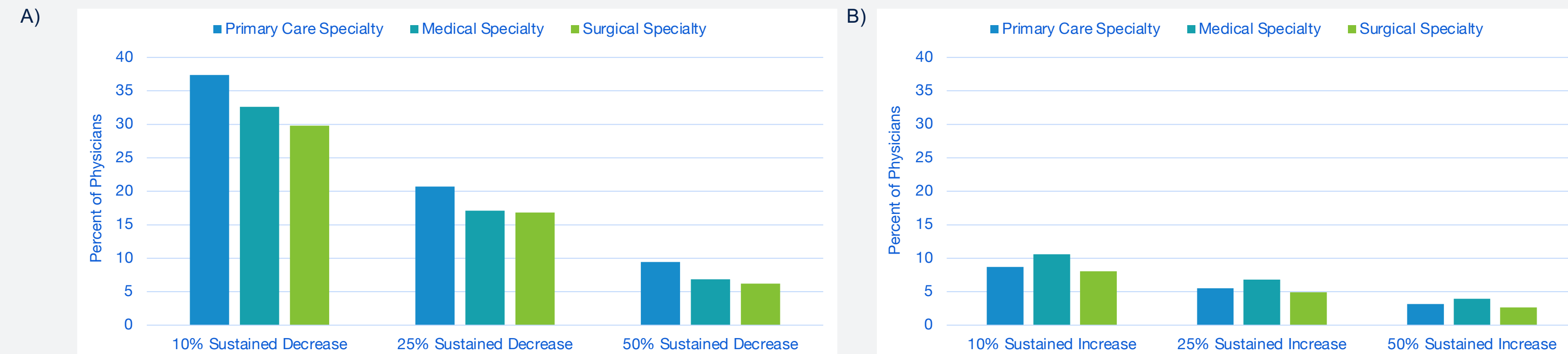


Figure 2. Percent of A) 10%, B) 25%, and C) 50% Sustained Decreases in Office-Based Medicare Services Rendered by Specialty and Baseline Year



Table 1. Predictors of Any 25% Sustained Decreases in Medicare Services Rendered

	Adjusted OR (95% CI)
Calendar Year	0.99 (0.98, 1.00)
Graduation Year	0.988 (0.987, 0.989)
Gender	
Female	1.10 (1.07, 1.12)
Male	-
Physician Credential	
DO	1.04 (1.00, 1.07)
MBBS	0.99 (0.72, 1.36)
MD	-
Specialty Type	
Medical	0.75 (0.73, 0.77)
Surgical	1.02 (1.00, 1.05)
Primary Care	-
Location	
Rural	1.29 (1.25, 1.33)
Urban	-
Yearly E&M Services Rendered	
Quartile 4	1.71 (1.66, 1.77)
Quartile 3	1.87 (1.81, 1.93)
Quartile 2	2.23 (2.17, 2.29)
Quartile 1	-
Average Risk Score of Medicare Beneficiaries	
Quartile 4	1.35 (1.31, 1.39)
Quartile 3	1.44 (1.40, 1.49)
Quartile 2	1.27 (1.24, 1.31)
Quartile 1	-
Average Age of Medicare Beneficiaries	
Quartile 4	0.66 (0.64, 0.68)
Quartile 3	0.65 (0.63, 0.67)
Quartile 2	0.75 (0.73, 0.78)
Quartile 1	-

Principal Findings

- 37% of PCPs reduced their clinical effort by 10%+ at any point over the study period, versus 33% of medical specialists and 30% of surgical specialists.
- About a fifth of PCPs reduced their clinical effort by 25% or more at some point over the study period.
- Sustained reductions in clinical effort at the 10%, 25%, and 50% level were present across study years and specialty groups.
- Female physicians, physicians in rural areas, and those physicians with more medically complex panels or with higher baseline clinical effort were more likely to reduce their effort by 25% or more.

Conclusions

- Physician reductions in clinical effort are a prevalent and persisting trend.
- PCPs have the greatest period prevalence of clinical effort reductions.
- Physicians with specific personal or panel characteristics are more likely to reduce their clinical effort.

Implications for Policy or Practice

- This work provides actionable insight into the factors associated with clinical effort reduction.
- It can inform healthcare leaders and policymakers seeking to understand physician capacity for Medicare beneficiaries.

Next Steps

- Characterize whether decreases in E&M visit quantity among medical and surgical specialists are balanced by increases in procedural volume
- Describe how weekly work schedules and patient panels change upon reductions in clinical effort

Funding

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