ASCO's Clinical Practice Committee

Who Are We and Where Are We Headed?

By Michael N. Neuss, MD

As I have said in this column before, all of us who take care of patients find ourselves doing pretty much the same things. Whether we are in academic settings, where 40% of the average 57-hour week is spent engaged in patient care, or in private practice, where this is 80% of the average 56-hour week,¹ we greet our patients and introduce ourselves, close the door, listen, and do our best to help people deal with the difficult conditions that cause them to come to our practices. Additional time and effort occurs apart from our patients, as we gather and validate information, speak with colleagues, and navigate the increasing maze of precertification requirements for treatments, testing, and hospitalizations. We are becoming increasingly aware that the way we are compensated has little to do with the effort and skill we bring to patient care. To state the obvious, much of what we do is not recognized by a Current Procedure Terminology (CPT) code that allows compensation. And though this was not an issue when drug reimbursement was high enough to subsidize these efforts (as well as office social workers, dieticians, and research programs), as the margins have collapsed, our practices have been challenged.

Though it would seem that this is only important for independent practitioners, all of medical oncology has to function reasonably as a business, and even those in academic settings cannot afford to give expensive drugs at a loss. We are all—academic, hospital-based, and independent practitioners—facing the same challenges.

In addition to financial stress, there is a real issue with unhappiness among medical oncologists. In the ASCO Workforce Taskforce 2006 Survey of Oncologists, 58% were frustrated from “a few times a month” to daily; only a minority, from 15% of those younger than 35 years of age to a disappointing high of 43% of those still practicing after age 65, felt “very satisfied” by their work.

What a shame. How are a group of frustrated, financially underwater physicians going to cope with expanding their ca-

capacity to see patients as patient visits increase from 40 million annually in 2005 to an anticipated 60 million in 2020? How will they manage increasing their weekly pace of 90 to 100 patient visits seen by practitioners in private settings or the 55 to 64 by their academic counterparts?

Efficiency may be one answer. If the academic physician sees 60 patients in 40% of a 57-hour week, that translates to one patient visit consuming 22 minutes of time. Similarly, the private practitioner who sees 95 patients in 80% of a 56-hour week spends 28 minutes per visit. But how can speeding this up possibly decrease the stress and dissatisfaction with practice that so many feel? Do any of us who have worked with electronic records feel that they have allowed faster patient visits with increased patient care?

ASCO needs to understand this problem, and the Clinical Practice Committee is committed to help. What can we do for you? Who are you? How are you planning on picking among the available career options? Are you going to retire? Are you going to affiliate with a larger organization or leave an unresponsive one? The Assessment of Evolution and Status of Oncology Practices (AESOP) project is just beginning. We hope that AESOP will provide deeper insight into our circumstances and help all of us better understand what makes up a reasonable workweek, fair compensation, and a satisfying career in medical oncology.

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Reference

1. Association of American Medical Colleges: Forecasting the supply of and demand for oncologists: A report to the American Society of Clinical Oncology from the AAMC Center for Workforce Studies. <http://www.asco.org/ASCO/Downloads/Cancer%20Research/Oncology%20Workforce%20Report%20FINAL.pdf>