

# **AAMC COUNCIL OF ACADEMIC SOCIETIES**

## ***KEY ISSUES IN INTERNAL MEDICINE***

Largest specialty in Medicine with about 25% all US physicians

## **KEY WORKFORCE TRENDS AFFECTING INTERNAL MEDICINE**

Most commonly mentioned priorities

- Physician manpower shortage in general
- Diminishing numbers of students choosing careers in internal medicine
- Severe shortage of physicians choosing careers in primary care
- Severe shortage of physicians choosing careers in geriatrics
- Diminishing cadre of physician scientists

## **KEY SCIENTIFIC OR CLINICAL PRACTICE DEVELOPMENTS**

Most commonly mentioned priorities

- Scientific developments
  - Increased funding for biomedical sciences
  - Focus on translational research and collaboration
  - Comparative efficacy in clinical research/Practice based research networks
- Clinical practice
  - Development of new diagnostic and therapeutic technologies

## **MOST IMPORTANT CHALLENGES AND OPPORTUNITIES**

Most commonly mentioned challenges

- Financial viability of clinical practice with decremting reimbursement
- Health care disparities
- Hyper-regulation by ACGME, RRC without concern for clear performance
  - Metrics or financial impacts

Most commonly mentioned opportunities

- Opportunities for clinical and translational research
- Additional investment in EMR to improve practice, reduce fragmentation
- Financial model encourage physician patient interaction (time), prevention
- Engagement in political/policy making process at state and national level

## **DISCIPLINE'S STRATEGIES TO DEVELOP FUTURE LEADERS**

Executive/leadership training with AAMC, ASP, others  
Poor attention to scalability (success in lab vs. leading department or COM)  
(Opportunities poorly coordinated and weak)

## **WHAT SHOULD BE AAMC AND CAS ADVOCACY PRIORITIES**

Most commonly mentioned priorities

- Creation of future health care SYSTEM
- Training future physicians
  - Create new reimbursement models
  - Resist rampant regulation
- Reform/harmonize LCME/ACGME/ RRC regulations
  - Reduce social engineering
  - Measure objective outcomes to guide regulation/accreditation
- Reimbursement for indigent care
- Heighten recognition/support for clinician educators
- Enhanced federal research funding, NIH, AHRQ, VA, Other

Additional Reading:

PA Hemmer, ST Costa, DM DeMarco, SL Linas, DC Glazer, BL Schuster. Predicting, Preparing for, and Creating the Future: What Will Happen to Internal Medicine? APM Perspectives in Amer J Med 120: 1091-96. 2007.