

A Profile of New Hospice and Palliative Medicine Physicians in 2016

Results from the Survey of Hospice and Palliative Medicine Fellows Who Completed Training

By

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Executive Summary

In response to rising demand and need, along with the recent formal recognition of the specialty by the American Board of Medical Specialties (ABMS) in 2006 and the American Osteopathic Association (AOA) in 2007, the specialty of hospice and palliative medicine (HPM) is growing rapidly. The number of fellows training in HPM in the Accreditation Council for Graduate Medical Education (ACGME) accredited programs has grown from 120 fellows in the 2009-2010 academic year to 274 in 2015-2016¹ and an estimated 325 in 2016-2017². To better understand current and future supply and demand and to inform decisions regarding how much more growth would be advisable, the George Washington University Health Workforce Institute (GWHWI) in collaboration with the American Academy of Hospice and Palliative Medicine (AAHPM) undertook a survey of the physicians who trained in the specialty in 2015-2016. The survey was designed to provide information about who is going into HPM, where they are going after training, and their experience in the job market.

In October and November 2016, GWHWI surveyed physicians who recently had finished their fellowship. AAHPM provided GWHWI with e-mail addresses of 230 of the estimated 274 2015-2016 fellows. One hundred and thirty-six (136) of the 230 responded for a 59% response rate, representing 50% of all 274 HPM residents. Compared with the demographic and educational characteristics of all HPM fellows as reported to the ACGME, the survey respondents were more likely to be female and osteopathic physicians (DOs) and less likely to be international medical school graduates (IMGs), African American, or Hispanic than all HPM fellows. Only the sex difference was significant ($P = .0254$).

1 ACGME Data Resource Book, Academic Year 2015-2016

2 AAHPM Internal Documents

Key Findings

- The vast majority of new HPM physicians in 2016 came from primary care specialties (80.3%; 40.7% from internal medicine, 24.4% from family medicine, 6.7% from general pediatrics); 5.9% came from geriatrics and 7.4% from emergency medicine; several other specialties also are represented (**Exhibit 1** [Exhibit 14 in full report]).
- New HPM physicians can be divided into three groups: those going directly into fellowship training from a prior residency or fellowship program in another specialty (61.5%), those with 1 to 4 years of practice prior to the fellowship (17%), and those with 5 or more years of experience (21.5%). This contributes to the average age of completion of training (37 years) being older than for most specialties.
- The diverse specialty training backgrounds and the presence of a subgroup of experienced graduates is a notable feature of HPM graduates. Although most HPM fellows enter training right after prior graduate medical education (GME), most physicians coming from the specialties of emergency medicine, obstetrics/gynecology, and surgery had 5 or more years of prior medical practice experience (Exhibit 1 [Exhibit 14]).
- Of the 52 physicians with practice experience prior to their HPM fellowship, 10 indicated they had been providing HPM services prior to their fellowship. This represents 7% of total respondents.

Exhibit 1: Last Specialty Prior to Fellowship by Years of Experience

Last specialty prior to fellowship	All respondents*	Years of experience before fellowship*		
		None	1 to 4 years	5 or more years
Internal medicine	55 (40.7%)	39 (70.9%)	9 (16.4%)	7 (12.7%)
Family medicine	33 (24.4%)	19 (57.6%)	5 (15.2%)	9 (27.3%)
Emergency medicine	10 (7.4%)	2 (20%)	3 (30%)	5 (50%)
Pediatrics	9 (6.7%)	3 (33.3%)	4 (44.4%)	2 (22.2%)
Geriatrics	8 (5.9%)	8 (100%)	0 (0%)	0 (0%)
Other	6 (4.4%)	2 (33.3%)	2 (33.3%)	2 (33.3%)
Pediatric subspecialty	4 (3%)	4 (100%)	0 (0%)	0 (0%)
Obstetrics and gynecology	3 (2.2%)	1 (33.3%)	0 (0%)	2 (66.7%)
Surgery	3 (2.2%)	1 (33.3%)	0 (0%)	2 (66.7%)
Physical medicine and rehabilitation	2 (1.5%)	2 (100%)	0 (0%)	0 (0%)
Psychiatry and neurology	2 (1.5%)	2 (100%)	0 (0%)	0 (0%)
Total	135 (100%)	83 (61.5%)	23 (17.0%)	29 (21.5%)

* "All respondents" shows column percent; "Years of experience" shows row percent.

Post-Training Activities

- In regard to their current or forthcoming practice, 52% of the fellows said their principal clinical activity was exclusively in either palliative medicine or hospice care, 28% were in a mix of palliative/hospice care and non-HPM care, and only 3% were in patient care that did not involve palliative or hospice care (**Exhibit 2** [Exhibit 16]). Four (3%) were undertaking further training.
- Most of the new HPM physicians (68%) are working for hospitals or hospital-affiliated practices. Only 10 of 115 respondents were working for hospice as their main practice (**Exhibit 3** [Exhibit 21]).

Exhibit 2: Principal HPM Activity Following Completion of Training Program

What best describes your principal activity now that you have completed your HPM fellowship program?	Frequency	Percent
Patient care—exclusively HPM	68	51.9
Patient care—mixed HPM and non-HPM	37	28.2
Other	9	6.9
Temporarily out of field of medicine	5	3.8
Patient care—exclusively non-HPM	4	3.1
Additional subspecialty training or fellowship	4	3.1
Educator	3	2.3
Undecided/don't know yet	1	0.8
Totals	131	100

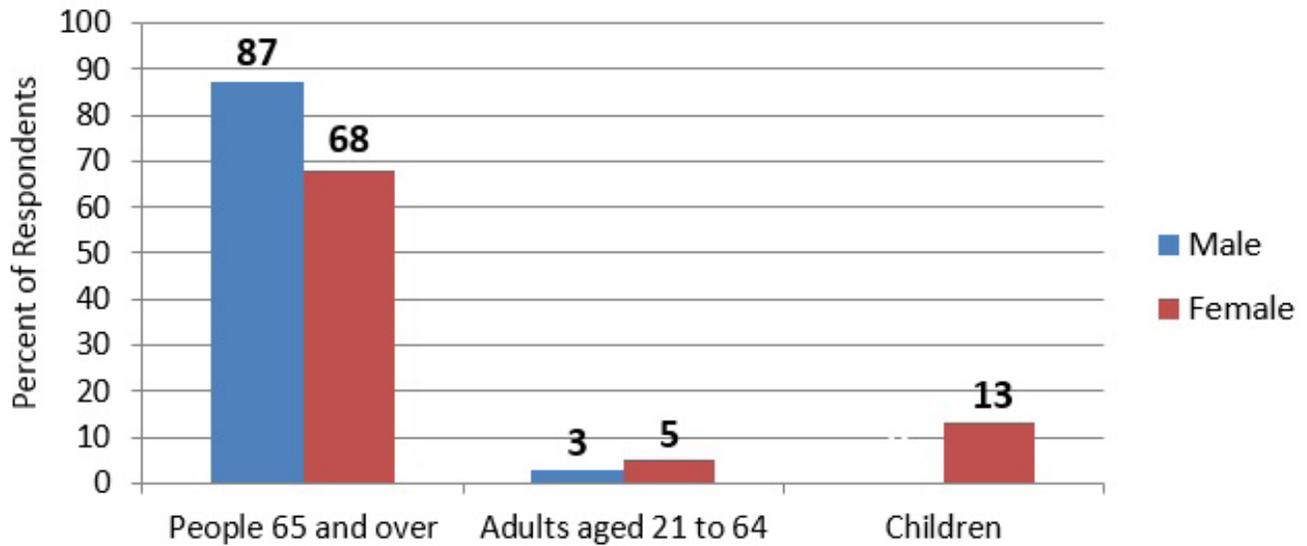
Exhibit 3: Patient Care Setting

Considering the practice where you provide the MOST hospice and palliative care service, which best describes the practice type?	Frequency	Percent
Hospital: working directly as employee of hospital	55	48
Hospital-affiliated practice owned wholly or in part by a hospital/foundation	23	20
(All hospital practice types) ³	(78)	(68)
Hospice	10	9
Single specialty group practice	6	5
Medical school	4	3
Multispecialty group practice	4	3
Other	4	3
Veterans Affairs setting	3	3
HMO/managed care organization (MCO)	2	2
I am not providing any hospice or palliative care services	2	2
Nursing home/long-term care facility	1	1
Solo practice	1	1
Total	115	100

Most new HPM physicians will spend more than 50% of their time caring for people older than 65 years, 9% will provide services primarily to children, and 5% will provide services primarily to adults between the ages of 21 and 64 years. Interestingly, only female HPM physicians will focus a majority of their time on children (**Exhibit 4** [Exhibit 23]).

³ This line is the sum of the two lines above and so does not contribute to totals.

Exhibit 4: Age of Patients Respondents Expect to Serve in Their Practice

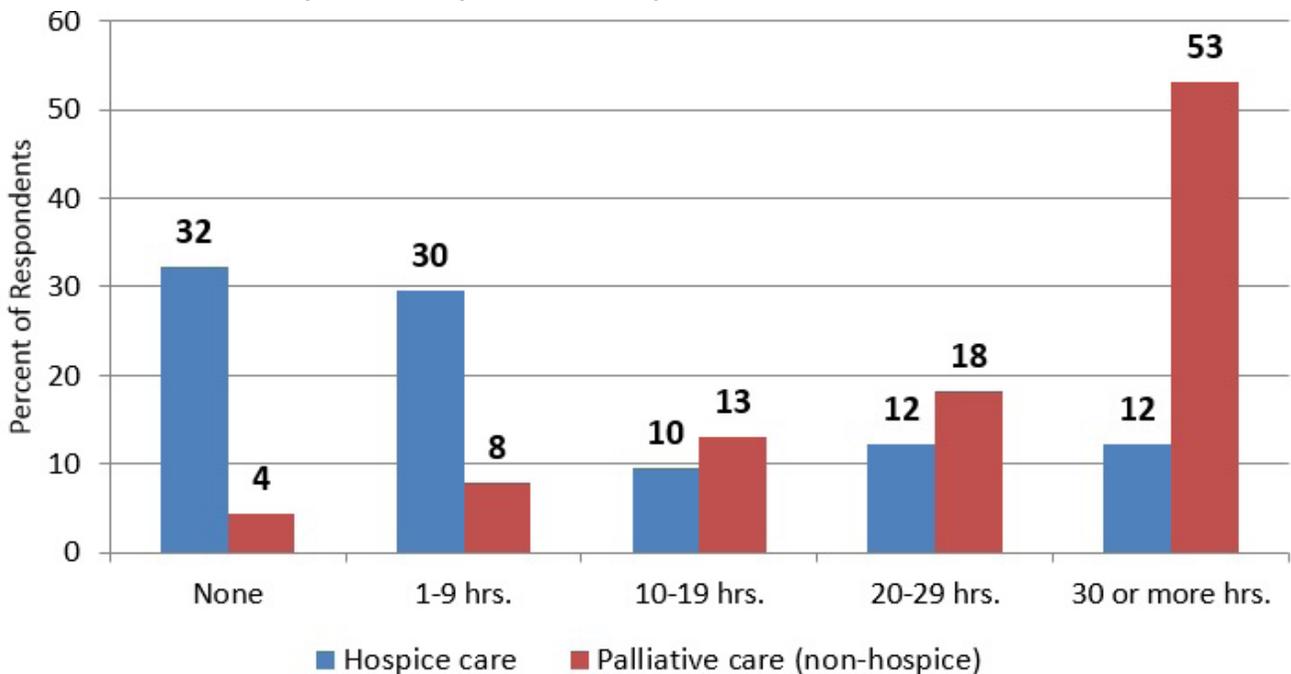


Comparing Physicians Going Primarily into Hospice and Those Going into Palliative Care

Fellows reported the number of hours they were spending (or expected to spend) in hospice or palliative care practice (**Exhibit 5** [Exhibit 27]). This makes it possible to assess differences between those whose work was mainly in hospice care and those who were mainly delivering palliative care.

- Of the 115 physicians who reported their weekly hours in patient care activities, 82 (71%) indicated they were spending more than 20 hours per week in palliative medicine, while 28 fellows (24%, compared with 13% in 2015) reported having 20 hours or more in hospice care. However, included in both figures are 15 respondents (13%) who reported spending more than 20 hours per week both in palliative medicine and in hospice care. Twenty (17%) were not spending more than 20 hours per week in either hospice or palliative care.

Exhibit 5: Percent of Respondents by Hours in Hospice and Palliative Care



- As indicated in **Exhibit 6** [Exhibit 28], 13 of 49 internal medicine physicians and 8 of 29 family medicine physicians indicated they were providing 20 hours or more of care per week in hospice (alone and with 20 hours or more of palliative care), but only 1 of 9 geriatricians and 1 of 9 emergency medicine physicians reported providing more than 20 hours per week in hospice.

Exhibit 6: Hours Spent in Palliative Care and Hospice by Last Specialty

Last specialty prior to HPM fellowship	Fellows with indicated number of weekly hours in patient care (percentages are by row)				Total
	20+ palliative care	20+ hospice	Both 20+	Neither	
Emergency medicine	6 (66.7%)	0 (0%)	1 (11.1%)	2 (22.2%)	9 (100%)
Family medicine	18 (62.1%)	5 (17.2%)	3 (10.3%)	3 (10.3%)	29 (100%)
Geriatrics	5 (55.6%)	0 (0%)	1 (11.1%)	3 (33.3%)	9 (100%)
Internal medicine	26 (53.1%)	5 (10.2%)	8 (16.3%)	10 (20.4%)	49 (100%)
Obstetrics and gynecology	0 (0%)	1 (50%)	0 (0%)	1 (50%)	2 (100%)
Pediatrics	4 (66.7%)	1 (16.7%)	0 (0%)	1 (16.7%)	6 (100%)
Pediatric subspecialty	1 (25%)	1 (25%)	2 (50%)	0 (0%)	4 (100%)
Physical medicine and rehabilitation	2 (100%)	0 (0%)	0 (0%)	0 (0%)	2 (100%)
Psychiatry and neurology	1 (100%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)
Surgery	1 (100%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)
Other	3 (100%)	0 (0%)	0 (0%)	0 (0%)	3 (100%)
Total	67 (58.3%)	13 (11.3%)	15 (13%)	20 (17.4%)	115 (100%)

Average Income

- The average (mean) income for HPM physicians working full time (calculated using the midpoint of the income ranges used in the survey) was \$204,500.
- The mean income for the physicians working hospitals was \$204,500, and for physicians working primarily for hospice it was \$182,000 (**Exhibit 7** [Exhibit 32]).
- Family medicine physicians were making the highest mean income (\$212,500) followed closely by emergency medicine physicians (\$211,500). Pediatrics and pediatric subspecialists trailed far behind at \$158,500 and \$177,500 (**Exhibit 8** [Exhibit 38]).

Exhibit 7: Expected Average Income by Practice Description

Demographic of principal practice setting	Mean income	Frequency (percentage) of respondents
Hospital-affiliated practice or employee	\$204,500	70 (72%)
Non-hospital solo or group practice	\$201,500	9 (9%)
Hospice	\$182,000	7 (7%)
Other	\$217,500	11 (11%)
Total	\$204,500	97 (100%)

Exhibit 8: Expected Average Income by Last Specialty before HPM Fellowship

Last specialty before HPM fellowship	2016 mean income	2016 frequency (percentage) of respondents
Internal medicine	\$203,500	40 (40%)
Family medicine	\$212,500	24 (24%)
Other	\$191,500	9 (9%)
Emergency medicine	\$211,250	8 (8%)
Geriatrics	\$205,000	8 (8%)
Pediatrics	\$158,500	6 (6%)
Pediatric subspecialty	\$177,500	4 (4%)
Total	\$204,394	99 (100%)

- Men had a higher average income than women (\$222,500 vs \$197,000); this may be explained in part by the low incomes for pediatric HPM physicians, who were all female. International medical school graduates (IMGs) had a higher average income than US medical school graduates (\$218,000 vs \$201,500); those in the West had the highest average income at \$217,000 while the Northeast region had the lowest at \$192,000.

Job Market Experience

- Most fellows were able to find a satisfactory position without difficulty. However, 30 (29%) reported difficulty. This was higher than the 19% who indicated difficulty in 2015.
- The most cited reason for having a difficult time finding a satisfactory position was lack of jobs/practice opportunities in desired locations (21 of the 30 respondents); the second most commonly cited reason was the “undesirable mix of clinical activities” cited by 13 of the 30.
- The responses to the question of whether respondents had to change plans due to limited practice opportunities were similar: 20% reported they had to change their plans compared with 19% in 2015.
- The local job market (within 50 miles of the fellowship program) is somewhat limited: 35% of the respondents reported “no jobs,” “very few jobs,” or “few jobs” close to their fellowship; however, this was an improvement from 47% in 2015. The national job market again appears much better. Only 12% reported “no jobs,” “very few jobs,” or “few jobs,” and 59% said there were many jobs in the national market (**Exhibit 9** [Exhibit 44]).

Exhibit 9: Job Market Perceptions

Job Market	Local			National		
	2016 Frequency	2016 Percent	2015 Percent	2016 Frequency	2016 Percent	2015 Percent
No jobs	2	2.0	2.6	0	0.0	0.0
Very few jobs	14	14.0	21.3	5	5.0	2.6
Few jobs	19	19.0	22.7	7	7.0	6.6
Some jobs	35	35.0	40.0	29	29.0	30.3
Many jobs	30	30.0	13.3	59	59.0	57.9
Totals	100	100.0	100.0	100	100.0	100.0

- Respondents were asked about their perception of the types of positions that were more or less available based on their job search. Respondents were given a list of settings developed from the most common responses to the 2015 survey. The more available positions (comparing responses citing many jobs to responses citing no or few jobs) were palliative care hospital positions, geriatric positions, hospice medical directorships, adult positions, and other hospice positions. The least available positions were palliative care non-hospital positions, pediatric positions, and academic positions. Some of the variation may reflect the region or setting of the respondent, but the differences between “many jobs” and “no jobs” or “few jobs” are large for many types of positions. (Percentages are based on the number of people who gave an answer to each question as shown in **Exhibit 10** [Exhibit 45]).

Exhibit 10: Positions More or Less Available

Type of Position	Many jobs <i>Percent</i>	No or few jobs <i>Percent</i>
Palliative care hospital positions (n = 104)	37.5	11.5
Geriatric positions (n = 101)	35.6	8.9
Hospice medical directorships (n = 103)	33	16.5
Adult positions (n = 101)	31.7	9.9
Other hospice positions (n = 104)	26.9	15.4
Academic (n = 103)	14.6	28.2
Palliative care non-hospital positions (n = 102)	10.8	43.2
Pediatric positions (n = 98)	2	32.7
Other (n = 46)	0	10.9

Would They Recommend the Specialty of HPM?

- Almost all respondents (126 of the 128 fellows who answered this question; 98.4%) said they would recommend the specialty to others, an almost identical result to 2015. In total, 93 of the 136 fellows (68%) provided a written response to this question, often at length, and were overwhelmingly positive in recommending the specialty to others.
- The written responses fell into four main categories: the fellowship provided them with a new and valuable skill set (especially in regard to communicating with patients) and a new outlook on medical care; the work is personally satisfying, fulfilling, and important; HPM is a growing field with likely future practice opportunities; and the level of compensation is “decent” with a healthy job market.