

A Profile of New Hospice and Palliative Medicine Physicians

Results from the Survey of Hospice and Palliative Medicine Fellows Who Completed Training in 2015

By

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Executive Summary

The specialty of Hospice and Palliative Medicine (HPM) is growing rapidly in response to rising demand and need, along with the formal recognition of the specialty by the American Board of Medical Specialties (ABMS) and the American Council for Graduate Medical Education (ACGME) in 2006 and the American Osteopathic Association in 2007. The number of fellows training in HPM in ACGME-accredited programs has grown from 120 fellows in the 2009–2010 academic year to 243 for 2014–2015¹ and an estimated 297 for 2015–2016.² 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 2014–2015. 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 2015 GWHWI surveyed physicians who had recently finished their fellowship. AAHPM provided GWHWI with e-mail addresses of 195 of the estimated 243 fellow from 2014–2015. One hundred twelve of the 195 responded, for a 58% response rate. Based on the similarity of demographic and educational characteristics of the respondents to the characteristics of all 243 HPM fellows as reported to ACGME, the respondents appear closely representative of all 2014–2015 HPM fellows (**Exhibit 1** [Exhibit 1³]).

1 ACGME Data Resource Book, Academic Year 2014–2015

2 AAHPM Internal Documents

3 Exhibit numbers in brackets reflect exhibit numbers as they appear in the full report.

Exhibit 1. Comparison of 2014–2015 Fellows Survey Respondents with ACGME Data⁴

	GW Survey Respondents	All ACGME HPM Fellows
Fellows	112	243
Mean age	37.9	37.1
% Male	37.4%	37.6%
% Female	62.6%	62.4%
% International medical school graduate	22.5%	25.1%
% African American	5.8%	6.8%
% Hispanic	6.7%	6.3%
Osteopathic physicians (DOs; % of all fellows)	10.8%	14.4%

Key Findings

- A majority of responding HPM physicians came from primary care specialties (36% from internal medicine; 18% from family medicine), 12% came from geriatrics, about 11% from pediatrics, and 10% from emergency medicine; several other specialties are also represented (**Exhibit 2** [Exhibit 14]).
- 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 (60%); those with 1 to 4 years of practice experience prior to the fellowship (19%); and those with 5 or more years of experience (21%).
- The presence of these subgroups of experienced physicians is a notable feature of this class of HPM graduates but one that appears to vary by prior specialty. For example, although most HPM fellows enter training right after other graduate medical education (GME), almost all physicians coming from the specialties of emergency medicine and anesthesiology had 5 or more years of prior medical practice experience (Exhibit 2).

Exhibit 2. Last Specialty Prior to Fellowship by Years of Experience

<i>Last Specialty Prior to Fellowship</i>	<i>Total</i>	<i>Percent</i>	<i>Years of experience before fellowship</i>		
			<i>None</i>	<i>1 to 4 Years</i>	<i>5 or More Years</i>
Anesthesiology	2	1.8	0	0	2
Emergency medicine	11	9.9	1	0	10
Family medicine	20	18.0	12	6	2
Geriatrics	13	11.7	9	4	0
Internal medicine	40	36.0	30	5	5
Pediatrics	12	10.8	6	5	1
Pediatric subspecialties	4	3.6	3	0	1
Physical medicine and rehabilitation	2	1.8	2	0	0
Other	7	6.3	3	2	2
Totals	111	100	66	22	23

- Of the 45 physicians with practice experience prior to their HPM fellowship, 14 (13% of total respondents) indicated they had been providing HPM services prior to their fellowship.
- Of those with prior practice experience, the most common practice setting was hospitals, either employed directly or through affiliation (50%); the second most common setting was single-specialty group practice (22%).

Post-Training Activities

- Regarding their current or forthcoming practice, 26% of the fellows were in academic clinical roles (many of which involve patient care services); 39% said their principal clinical activity was exclusively in either palliative medicine or hospice care; 20% were in a mix of palliative/hospice care and non-HPM care; and only 4% were in patient care that did not involve palliative or hospice care (**Exhibit 3** [Exhibit 16]). Five percent were undertaking further training.

Exhibit 3. Activity After Completion of Current Training Program

What best describes your principal activity now that you have completed your HPM fellowship program?	Frequency	Percent
Patient Care—Exclusively Palliative Medicine/Hospice	42	38.9
Academic Clinician-Educator	28	25.9
Patient Care—Mixed Palliative Medicine/Hospice and Non-HPM	22	20.4
Additional Subspecialty Training or Fellowship	5	4.6
Patient Care—Exclusively Non-HPM	4	3.7
Undecided/Don't Know Yet	3	2.8
Other	4	3.7
Total	108	100

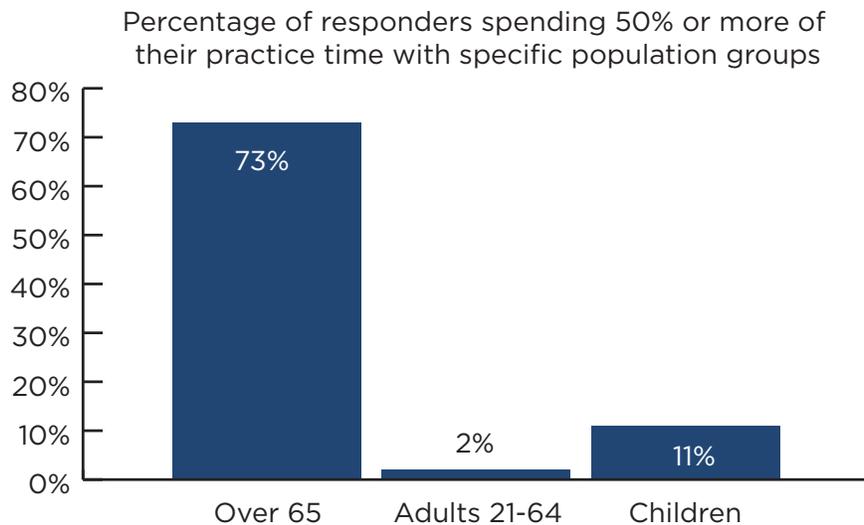
- Most of the new HPM physicians (65%) are working in hospitals, hospital-affiliated practices, or academic medical centers. Only 9 of 95 respondents were working for hospice as their primary practice (**Exhibit 4** [Exhibit 20]).

Exhibit 4. 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	43	45.3
Hospital-Affiliated Practice	14	14.7
Hospice	9	9.5
Veterans Affairs Setting	6	6.3
Multispecialty Group Practice	5	5.3
Faculty Practice Plan	5	5.3
Single-Specialty Group Practice	1	1.1
HMO/Managed Care Organization (MCO)	1	1.1
Medical School	1	1.1
Community Health Center	1	1.1
Other	9	9.5
Totals	95	100

- Most new HPM physicians (73%) will be spending the majority of their time caring for people older than 65 years, 11% will be providing services primarily to children, and 2% will be providing services primarily to adults between 21 and 64 years old (**Exhibit 5** [Exhibit 22]).

Exhibit 5. Age of Patients Respondents Expect to Serve

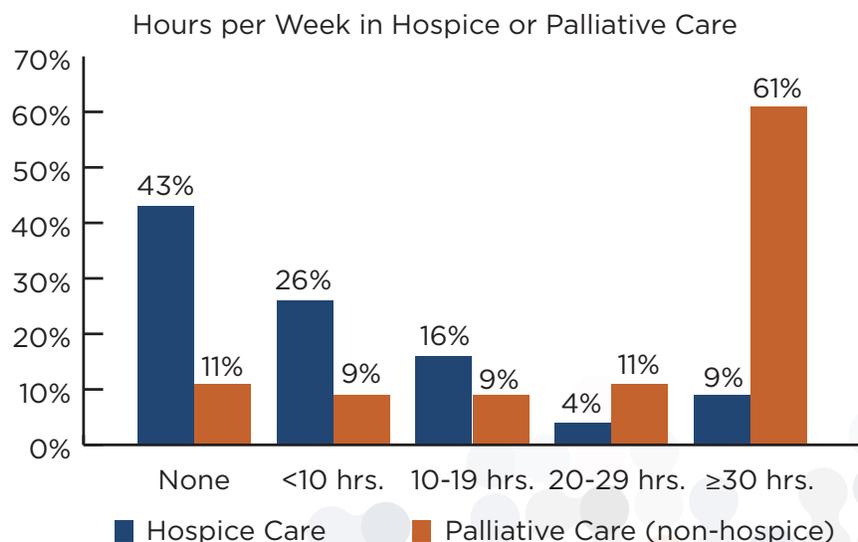


Comparing Physicians Going Primarily into Hospice and Those Going into Palliative Care

Fellows reported the number of hours they were spending (or expected to spend) in hospice or palliative care practice. 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 93 respondents who reported their hours providing HPM (including those listing their principal activity as academic clinician-educator), 65 (72%) reported spending 20 or more hours providing palliative care, and only 11 (13%) were devoting 20 or more hours per week to hospice care (**Exhibits 6 and 7** [Exhibits 24 and 25]). Thirty-nine (42%) indicated they would be spending some time, but less than 20 hours per week, on hospice care.

Exhibit 6. Percent of Respondents by Hours in Hospice and Palliative Care



- These two groups of fellows differed in three main characteristics: fellows working mainly in palliative care were more likely to be 40 years or younger, to have taken their earliest GME in family medicine or pediatrics (not significant), and to have had fewer than 5 years of practice experience prior to their HPM fellowship.
- In contrast, fellows delivering mainly hospice care were more likely to be older than 40 years, to have taken their earliest GME in emergency medicine (not significant), and to have had 5 or more years of medical experience prior to beginning their HPM fellowship.
- As indicated in Exhibit 7, 4 of 32 internal medicine (IM) physicians indicated they were providing 20 hours or more of care per week in hospice while only 1 of 19 family physicians and 1 of 11 pediatricians reported going into hospice for more than 20 hours per week. Of note, 2 of 2 anesthesiologists and 2 of 9 emergency medicine physicians reported working in hospice more than 20 hours per week.

Exhibit 7. Last Specialty Prior to HPM Fellowship

Last specialty prior to HPM Fellowship	Fellows with Indicated Number of Weekly Hours in Patient Care			
	20+ Palliative Care	20+ Hospice	Neither	Total
Anesthesiology	0	2	0	2
Emergency medicine	3	2	4	9
Family medicine	15	1	3	19
Geriatrics	9	0	3	12
Internal medicine	24	4	4	32
Pediatrics	8	1	2	11
Physical medicine and rehabilitation	2	0	0	2
Other	4	1	1	6
Total	65	11	17	93

Average Income

- The median expected income range was from \$175,000 to \$199,999; the second most cited range was \$200,000 to \$224,999. The average (mean) income calculated using the midpoint of the income ranges used in the survey was \$183,000.⁵
- The average income for those primarily providing hospice services and those primarily providing palliative care services was equal at \$185,000. However, the average income for physicians working for hospice was \$195,800, even better than those working for hospitals (directly or through an affiliation relationship), which was \$189,000.
- Men had a higher average income than women (\$192,000 versus \$178,000). US medical school graduates had a higher average income than international medical school graduates (\$185,000 versus \$173,000). Respondents from the Midwest had the highest average income at \$202,000, while those from the southern region had the lowest at \$167,000.

Job Market Experience

- Most fellows were able to find a satisfactory position without difficulty. However, 15 (19%) reported difficulty. Respondents graduating in the Northeast region generally reported an easier time finding a job. Only 1 respondent out of 16 from the Northeast region reported difficulty finding a

⁵ Average incomes reported here are not adjusted for hours worked.

position, compared with 14 out of 60 from other regions. However, the difference was not statistically significant.

- The most cited reason for having a difficult time finding a satisfactory position was lack of jobs/practice opportunities in desired locations (11 of the 15 respondents); the second most commonly cited reason was “Undesirable mix of clinical activities,” cited by 8 of the 15.
- The responses to a question about whether respondents had to change plans due to limited practice opportunities were similar. Nineteen percent reported they had to change their plans. None of the 16 respondents from the Northeast region reported having to change plans, compared with 19% in the Midwest, 21% in the West, and 35% in the South. The difference between the Northeast region and all other regions was statistically significant.
- The local job market (within 50 miles of the fellowship program) is limited: 47% of the respondents reported “no jobs,” “very few jobs,” or “few jobs” close to their fellowship program location. The national job market appears better—only 9% reported “no jobs,” “very few jobs”, or “few jobs” regarding the national market.
- Based on comments in response to an open-ended question about the types of jobs more and less available, it appears that there are many jobs in hospice, including medical director—19 respondents cited hospice positions as being more available, and only 2 said less available. On the other hand, 8 respondents said jobs were less available for pediatric HPM physicians, and only 1 said they were more available.

Would They Recommend the Specialty of Hospice and Palliative Medicine?

- The responses to this open-ended question indicate that fellows are very highly satisfied with the specialty: 105 of 107 respondents would recommend the specialty. The two who would not had reservations that the specialty was appropriate only for certain people—either those who had extensive medical experience or those who were not pursuing pediatric specialization. In total, 70 of the 112 fellows (63%) took the time to provide an optional written response to this question, often at length, and an overwhelming number would recommend the specialty to others.
- The written responses fell into four main categories:
 - » The fellowship provided them with a new and valuable skill set (especially regarding 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.
 - » The level of compensation is “decent” with a healthy job market.