

Physician Workforce Planning in a Time of Reform

The First 100 Days

- The Stimulus Bill
 - NHSC funding
 - Title VII funding
 - HIT funding
 - Comparative effectiveness
- The budgets
- Congressional hearings
- Legislative proposals

***“Doctor Shortage Proves
Obstacle to Obama Goals”***

“Primary Care Lacking”

New York Times, Page 1

Monday, April 27, 2009

Some Observations

- Time of great opportunity for the nation and workforce planners.
- Physician shortages and shortages in a broad range of other health professions could derail efforts to reform the system.
- Medical schools and states have responded to the need for additional physicians; GME must also expand if we are to meet the nations' needs
- Physicians can not do it alone; need interdisciplinary teams and integrated delivery systems
- Need a multifaceted strategy of increasing supply and redesign of the health care system is needed to assure access

Key Workforce Questions to Consider

- What is the workforce we need for the nations' health?
- How do we assure an adequate supply and distribution of health professionals for universal access? What is the role of:
 - The federal government?
 - Financing and payment policy?
 - The medical education system?
- How much of the expected gap in supply and demand can be made up by improving efficiency and system redesign and how many more health professionals do we need?
- What data and information do we need to inform policy making?

Some Additional Questions to Consider

- How do we measure need and shortages?
- How do we use physicians most effectively?
- How do we build and promote teams?
- How do we align GME with workforce needs?

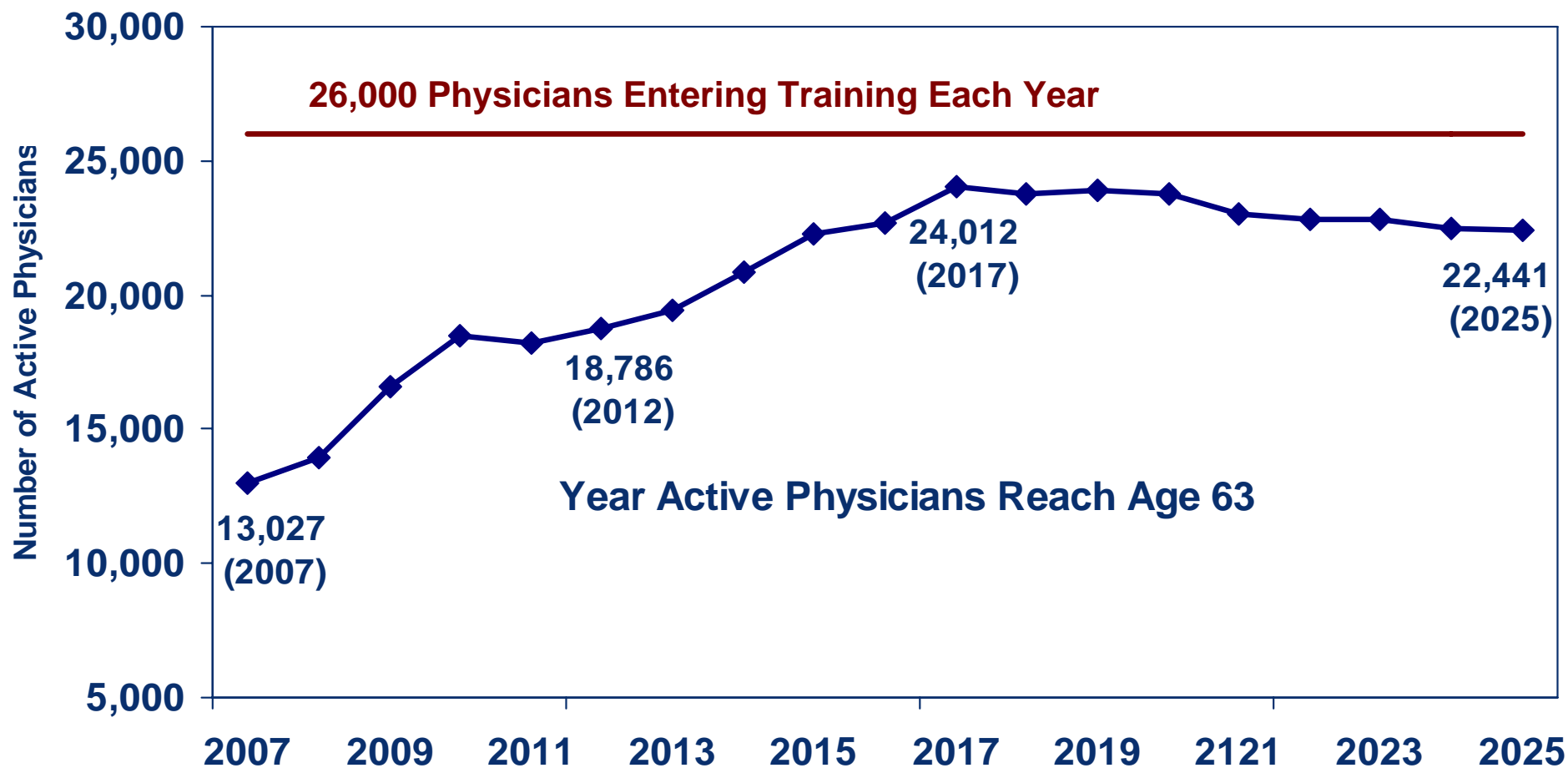
Overall Physician Workforce: Recent Findings and Developments (1)

- AAMC analysis confirms likely significant shortage in coming years across a broad range of specialties
- Population growth, aging and medical advances are increasing demand
- Aging of physicians and work patterns of younger physicians will limit growth of supply
- Shortages are already apparent and competition for physicians is increasing

Overall Physician Workforce: Recent Findings and Developments (2)

- MD and DO 1st year enrollment will rise by nearly 6,000 per year between 2002 and 2013
- GME is unlikely to keep pace. This will probably lead to a reduction in IMGs and limit the supply of physicians and a peaking of the physician to population ratio in the next few years
- The recession is slowing the growing shortage but health care reform will increase it
- Increasing physician supply has to be part of a multi-faceted effort to assure access including increased use of non-physician clinicians and innovations in service delivery

The Number of Active Physicians Approaching Retirement Age is Increasing Sharply: At the Current Level of GME, the US pop. Will Grow Faster Than the Physician Supply by 2015



Sources: AMA Physician Masterfile (January 2007); AAMC CWS GME Analysis March 2009



Recent Reports of Physician Shortages: Specialty Studies

Allergy & Immunology (2006)

Anesthesia (2003)

Cardiology (2009)

Child Psychiatry (2006)

Critical Care Workforce (2006)

Dermatology (2004)

Emergency Medicine (2006)

Endocrinology (2003)

Family Medicine (2006)

Gastroenterology (2009)

Geriatric Medicine (2008)

General Surgery (2007)

Generalist Physicians (2008)

Medical Genetics (2004)

Neurosurgery (2005)

Oncology (2007)

Pediatric Subspecialty (2007)

Psychiatry (2003)

Public Health (2007)

Rheumatology (2007)

Recent Reports of Physician Shortages: State Studies

Alaska (2006)

Arizona (2005)

California (2008)

Florida (2005)

Georgia (2008)

Idaho (2007)

Iowa (2007)

Kentucky (2007)

Maryland (2008)

Massachusetts (2008)

Michigan (2006)

Minnesota (2008)

Mississippi (2003)

Nebraska (2008)

Nevada (2006)

New Jersey (2009)

New Mexico (2006)

New York (regional) (2007)

North Carolina (2007)

Oregon (2004)

Pennsylvania (2008)

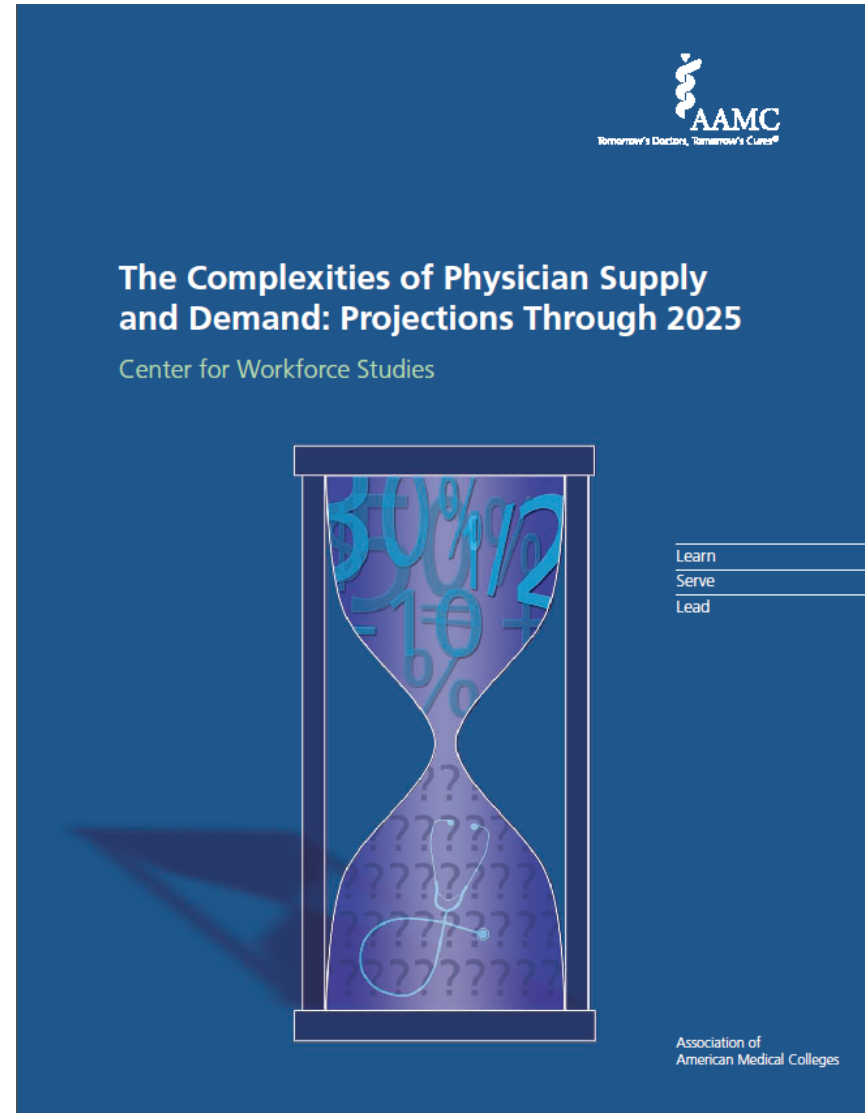
Texas (2008)

Utah (2006)

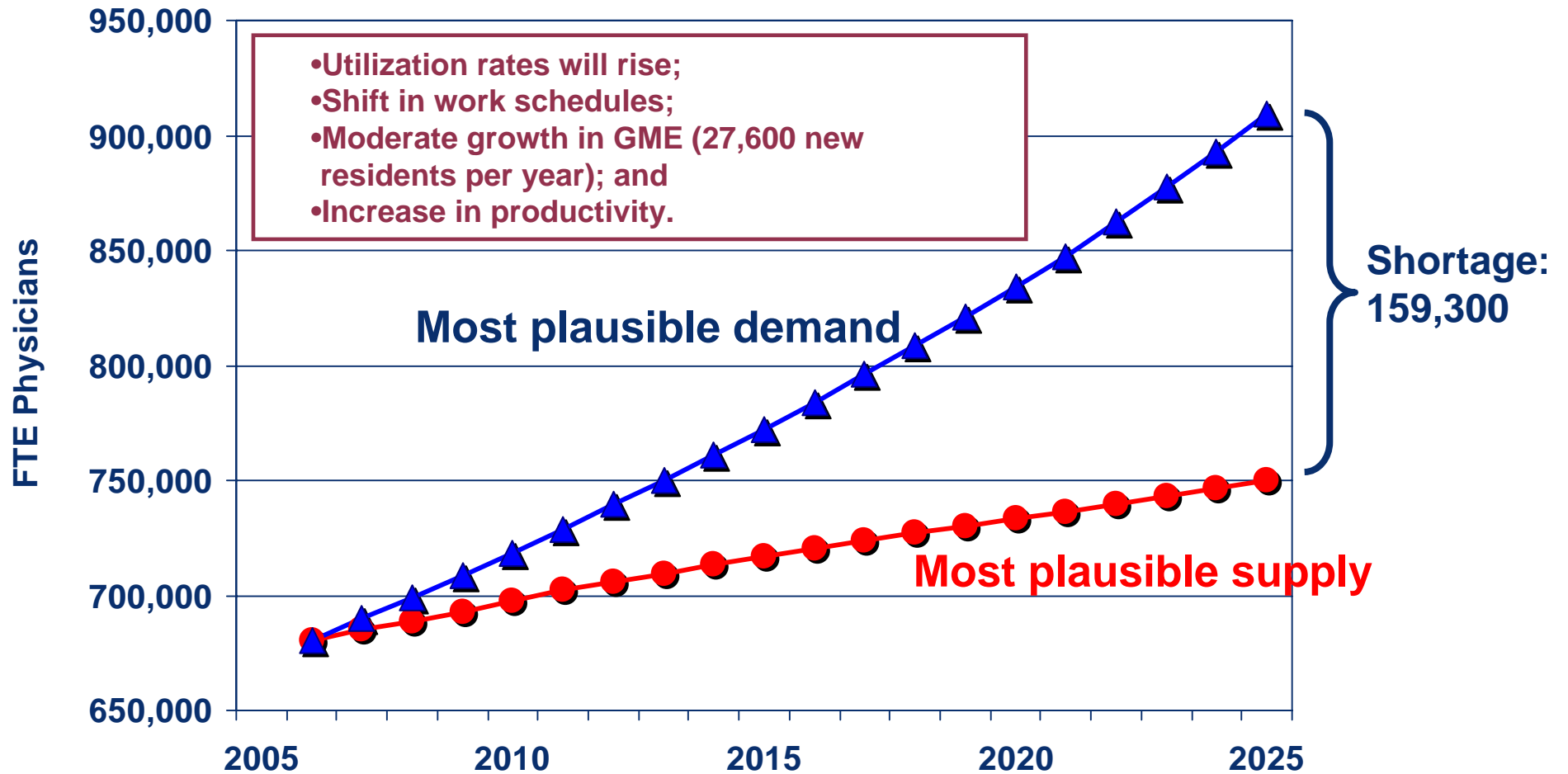
Virginia (2007)

Wisconsin (2004)

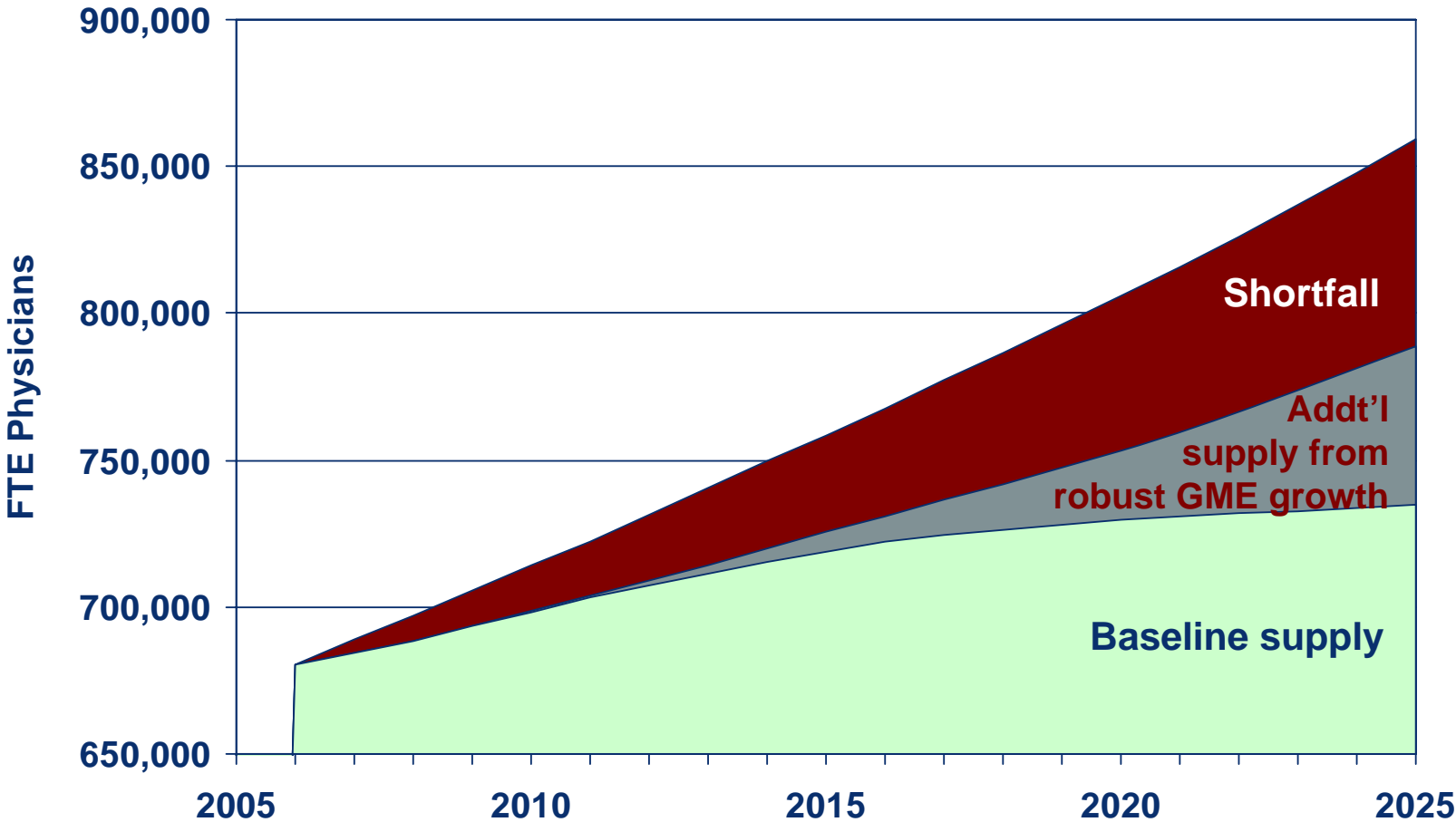
New AAMC Report Projecting Physician Supply and Demand Through 2025



Most Plausible Scenario



Expansion of UME and GME Will Not Meet All of Future Demand: Still Need System Improvements



Reflects Impact of Full Growth of GME to 32,000 Entrants Per Year



What Can be Done to Help Assure Access to Care in the Future?

- Continue to increase medical school enrollment
- Increase GME positions
- Use our limited supply of physicians wisely
- Increase use of teams (inter-disciplinary education and practice)
- Improve efficiency and effectiveness, including through improved IT and EMR
- Design service delivery responsive to needs of younger and older physicians, such as flexible scheduling and part time work

Building a System for Physician Workforce Data and Planning

Key elements

- Resources for data collection and analysis
- A system for dissemination and publication of data and findings
- Opportunity for input from researchers, providers, educators and consumers
- State and local involvement
- A interdisciplinary planning body with staff
- Funds for research including for assessing the comparative effectiveness of health workforce design

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SUNY School of Public Health

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AAMC Physician Workforce
Research Conference

May 6 - 7, 2010
Alexandria, Virginia

