

Michigan's Physician Shortfall and Resulting Advocacy Efforts

Lynda J. Farquhar, Ph.D.
*Institute for Health Care Studies,
Michigan State University
East Lansing, Michigan*



Contributors

- **Earl Reisdorff, M.D., Ingham Regional Medical Center**
- **Denise Holmes, Institute for Health Care Studies, Michigan State University**
- **Carol Parker Lee, Graduate Medical Education, Inc.**

Physician Shortfall Predicted

- ❑ **COGME's 16th Report (2005)**
- ❑ **Forecasts significant physician shortage by 2020 (85,000-96,000)**
- ❑ **AAMC recommends a 30% increase in medical school class sizes**
- ❑ **Allopathic medical schools with probable 12-15% planned increases**
- ❑ **Specialty-specific studies predict shortages**
- ❑ **LA times "Shortage Looms:"**
- ❑ **Fox News: "Emergency Care in Critical Condition"**



MSU Team Convenes Stakeholders (2004) “Blue Ribbon Physician Workforce Committee”

Representatives of Blue Ribbon Committee:

- Michigan State University
 - Institute for Health Care Studies****
- University of Michigan Medical School**
- Wayne State University School of Medicine**
- Teaching hospitals & Michigan Hospital Association**
- Michigan Departments of Community Health and Labor and Economic Growth**
- Medical Societies (MD and DO) and other professional organizations**
- Assorted interest groups concerned about supply of physicians**



Blue Ribbon Committee Actions

- **Blue Ribbon Committee commissions study by Albany Center for Workforce Studies**
- **Data about numbers of needed physicians for Michigan by 2020 (by geographic area)**
 - **Specialty specific data (by geographic area)**
- **Study uses same methodology as COGME's 16th Report**
 - **To determine if Michigan will have a greater shortfall than rest of the nation**

Parallel Processes

- **Two other complementary studies initiated in Michigan at this time:**
 - **Michigan Department of Community Health initiated a 3-year cycle survey of physicians as part of licensure process**
 - **Michigan State Medical Society commissioned a study based on Trend Model (Cooper)**

Methodology – Supply

- Methodology of all physician workforce studies is based on numbers of physicians (supply) compared to demand for physician services
- In Michigan study (and national) current physician supply calculated from AMA database of all licensed physicians (both D.O. and M.D.)
- The expected future production of physicians calculated on historic trends of medical school and residency data
- Physician supply is adjusted for increasing numbers of women entering medicine and the aging of the physician population (retirements)

Methodology – Demand

- Demand for physician services considers the characteristics of the population (age, utilization, insurance type and status) and the physician use patterns of each age range
- In the economic-trend-based forecast, a factor is added to account for the effect of increased income and advancements in medical technology on physician demand



Michigan Study Assumptions

- **Baseline model assumes constant:**
 - **physician production**
 - **practice patterns**
 - **rates of separation from the workforce**
 - **migration patterns**
 - **Michigan's moderate to slow population growth expected to continue to 2020**

Supply Results

- **Current Supply**
 - **29,261 “patient care active” physicians practicing in Michigan in 2005**
 - **297 physicians per 100,000 population (Michigan, 2005)**
 - **246 physicians per 100,000 population (U.S., 2005 – AAMC data)**
 - **“Patient care active” physicians are 13.6% residents and fellows**
 - **39% of Michigan physicians primary care**

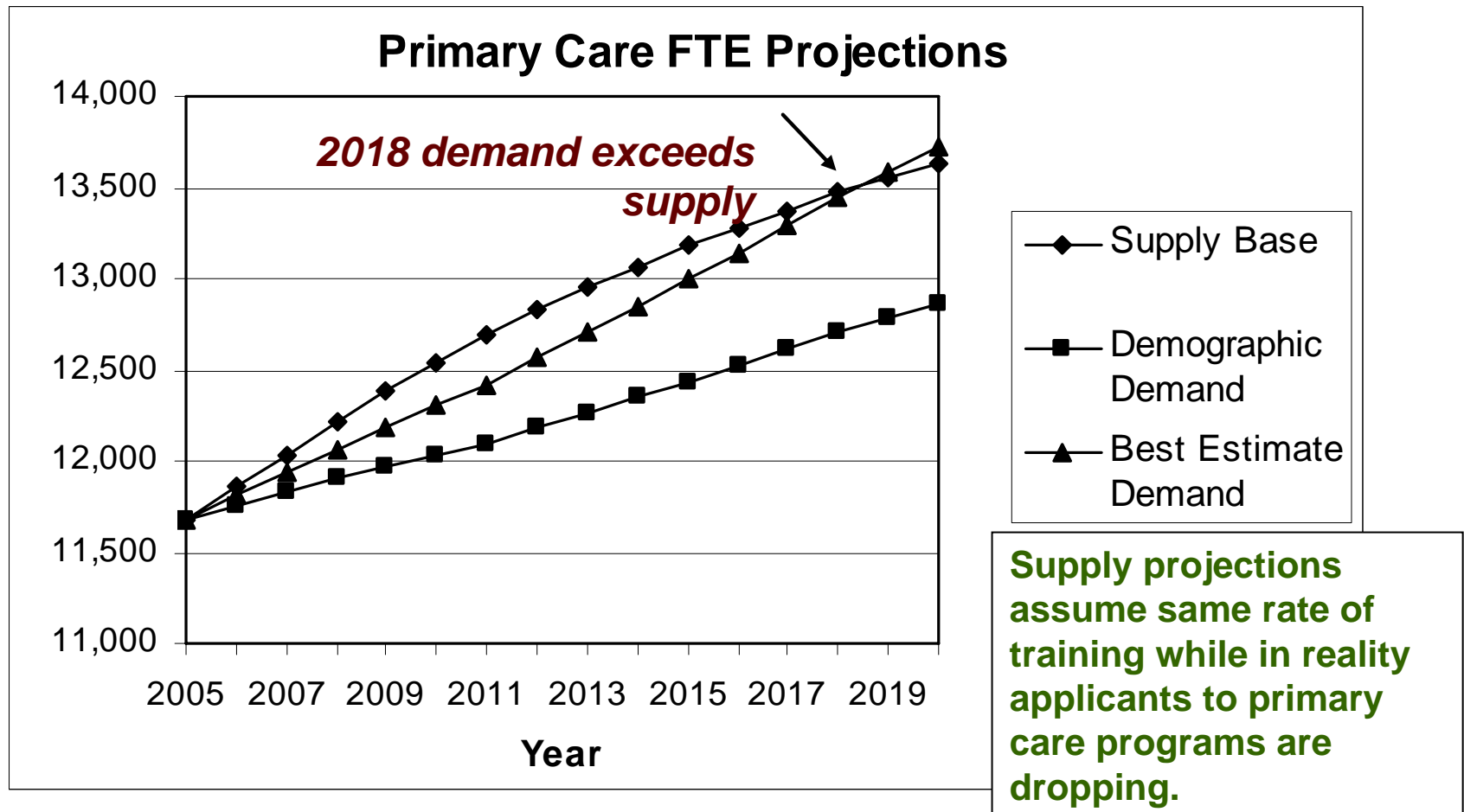
Demand Results

- Michigan will need approximately 38,000 physicians in 2020
 - Currently Michigan has 29,261
- Michigan physician shortage will be:

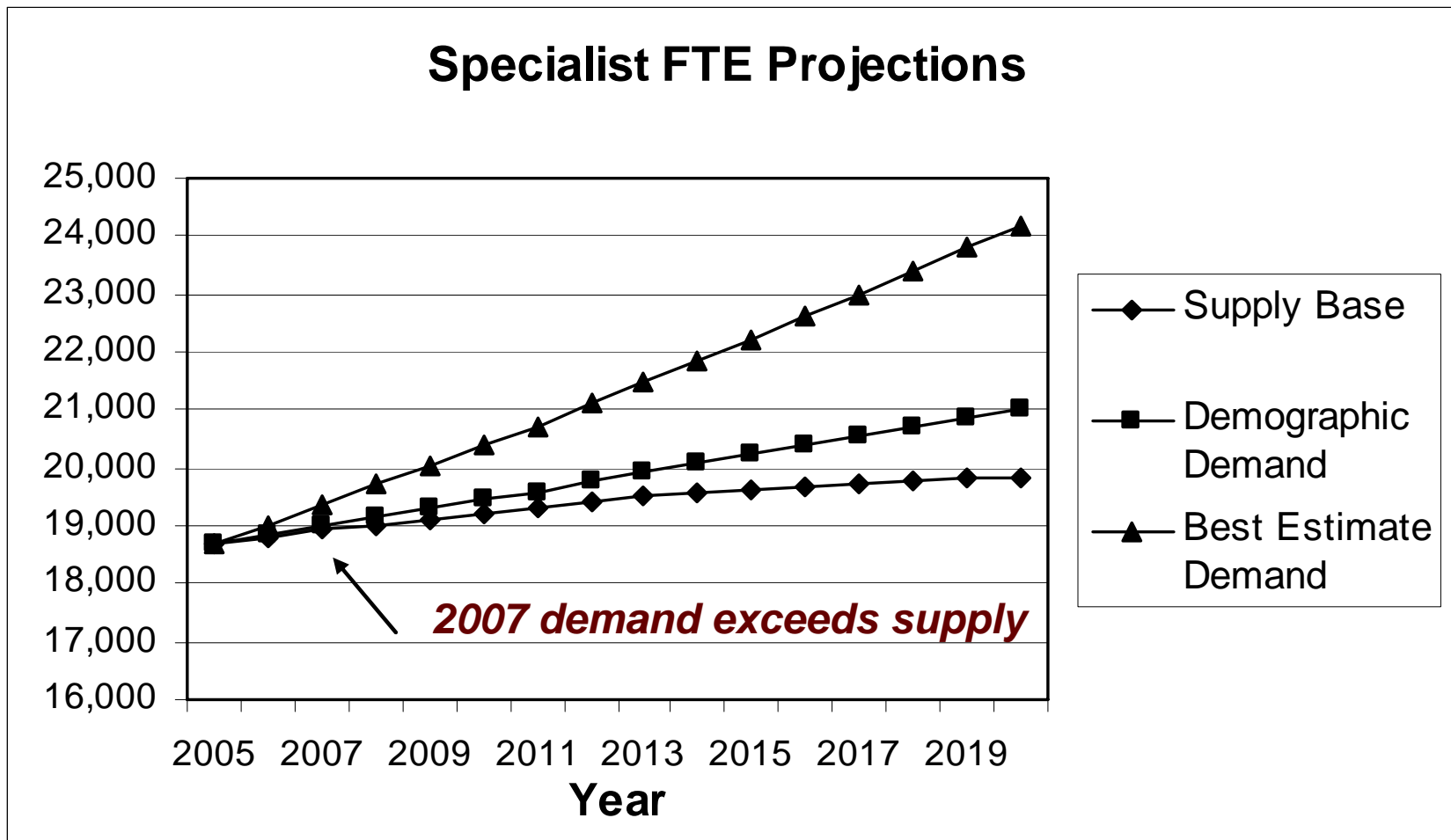
2010	900
2015	2,400
2020	4,400

- What about primary and specialty care?

Projection of Primary Care Physicians Supply and Demand in Michigan

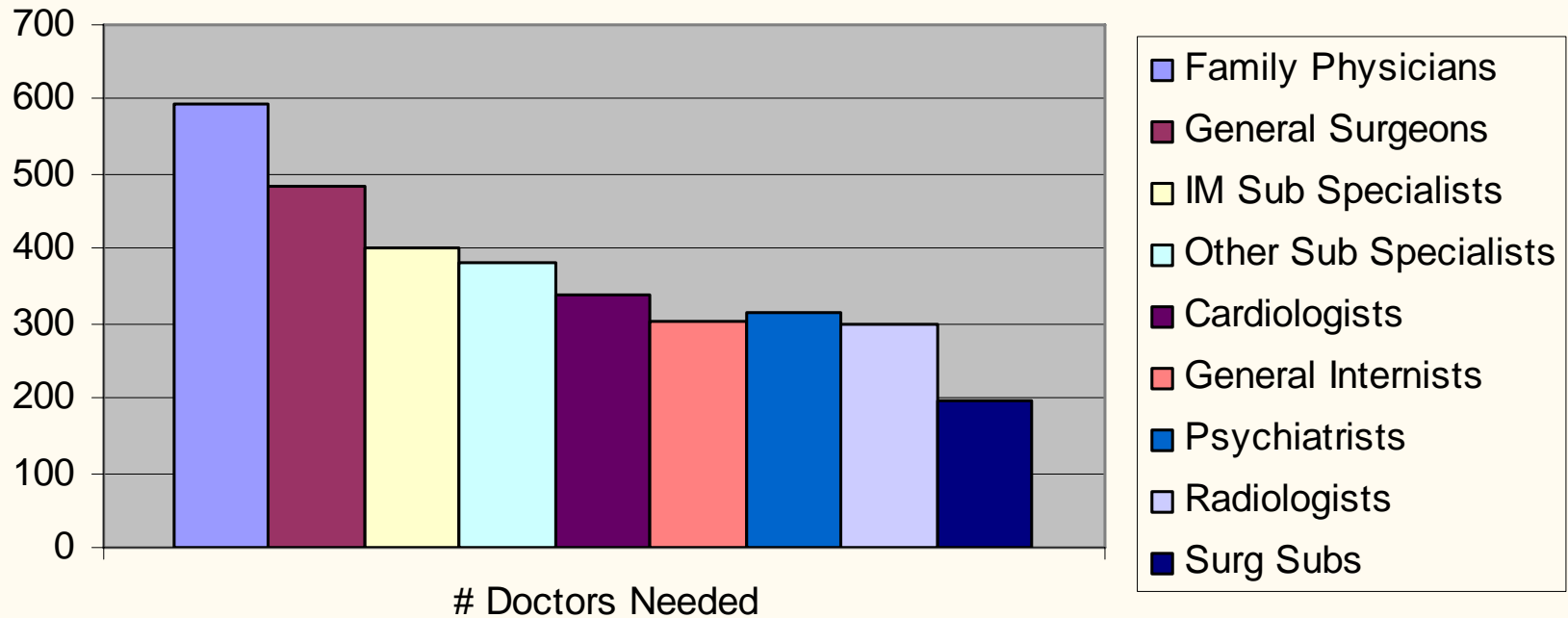


Projection of Specialty Care Physician Supply and Demand



Total Shortfalls for Specialties with Greatest Shortages

Number of MI Physicians Needed in MI in 2020 by Specialty



Additional Findings

- Michigan is 7th largest teaching hospital state
 - 54 Teaching Hospitals
- Michigan has 5,500 residents/fellows in training
- Michigan is a GME export state
 - States with stronger economies (and better climates!) are recruiting grads



Michigan's Bottom Line

- *Michigan is facing a physician shortage more than 50% higher than the national average*
 - National shortage projected at 8%
 - Michigan shortage projected at 12%



Blue Ribbon Michigan Advocacy Priorities

- Blue Ribbon requests that:
 - CMS raise reimbursement caps for Michigan GME programs by 10%
 - Current levels of Medicaid payments for physician services be raised
 - Current levels of Medicaid GME Support to teaching hospitals maintained
 - State Loan Repayment Program receiving funding for more slots
 - Michigan's Medical schools to train students and residents in communities where there is acute need

State Focused Actions Taken to Date

- Michigan medical schools are responding to the AAMC suggestion to expand
 - Michigan State University Colleges of Human and Osteopathic Medicine are both increasing their class sizes.
 - Wayne State University School of Medicine is increasing its class size.

State-Focused Actions (continued)

- Michigan Department of Community Health created the Michigan Center for Health Professions (2005)
 - to bring together both state and national research on supply and demand
 - to establish a media/communication link with the legislative and healthcare community to report healthcare workforce issues and information.

- Michigan Department of Community Health established the Health Workforce Center to coordinate State Agencies that address physician workforce challenges Michigan will face in the next decade and beyond. (January 2006)

State-Focused Actions (continued)

- State Budget Efforts – An uphill battle - Michigan is facing a \$2.2 billion total shortfall (\$900 M of which is attributable the general fund)
 - State maintains Medicaid GME funding
 - State maintains general fund support for the State Loan Repayment Program
 - State maintains Medicaid physician fees

Federally-Focused Actions Taken to Date

- All four Michigan Medical School Deans briefed the Michigan Congressional delegation on the study results in D.C. (November 2005)
- Michigan Legislature passed a concurrent resolution to memorialize Congress to eliminate the GME caps imposed by BBA 1997. (September 2006)
- Proposed Legislation by Conyers – NHSC slots
- MSU hosted AAMC's Project Medical Education and representatives from both Senators' offices and 8 House offices attended. (April 2007)



What remains to be done?

- A lot! As a community of educators and researchers we need to:
 - Fight Medicaid cuts.
 - Fight CMS interpretation that Medicaid was never intended to fund GME.
 - Advocate for restoration of Title VII funding.
 - Advocate for more Medicare-funded GME slots.



How is this to be accomplished?

- Need to establish a national coalition of
 - Medical Schools, Teaching Hospitals and Specialty Societies to focus on these priorities (AAMC is working on this)
 - Minimize the tendency of individual groups to lobby for their own specialty or state
 - Inform Congress about this issue – it will impact us all

Thank you

- Questions??
- Contact information: farquha1@msu.edu
- 215 West Fee Hall, Michigan State University,
E. Lansing, MI 48824