

Recent Studies and Reports on Physician Shortages in the US

Center for Workforce Studies

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Over the past several years, a growing number of studies examining the US physician workforce have concluded we are facing current or future shortages. The following provides a summary of each study highlighting the major conclusions of the findings.

NATIONAL

COGME Report (2005) – “US Likely to Face a Shortage in 2020”⁸

In January 2005, the Council on Graduate Medical Education (COGME) released its 16th Report, “Physician Workforce Policy Guidelines for the United States, 2000-2020” recommending an increase of 3,000 medical school graduates by 2015 in order to meet rising demand and need. Only under the most optimistic of various supply and demand scenarios outlined in the report would the nation have an adequate supply to meet demand in the year 2020. When the mid-points of the projected supply and demand scenarios outlined in the report are used, the net result is a projected shortage of about 85,000 physicians in 2020 – which is equivalent to approximately ten percent of today’s physician workforce.

Merritt, Hawkins & Associates (2004) – “America is Running out of Physicians”

In 2004, Merritt, Hawkins & Associates, a health care staffing and consulting firm, published, “Will the Last Physician in America Please Turn off the Lights? A Look at America’s Looming Doctor Shortage.” The authors predict there will be a shortage of 90,000 to 200,000 physicians and that average wait times for medical specialties are likely to increase dramatically beyond the current range of two to five weeks. Various factors, including the demise of managed care, the aging of the population, changing practice patterns, increasing regulation and paperwork are some of the reasons cited for the impending shortage.

STATE REPORTS

Since 2000, at least 12 states have reported current or future physician workforce shortages. In nearly all of these studies, the underserved and elderly populations are most likely to be affected.

Arizona (2005) – “Still Far Below the National Average”

The 2005 Arizona Physician Workforce Study, prepared by the Arizona State University and University of Arizona Health Sciences Center, concludes that while the growth in the physician workforce over the past decade outpaced the increase in population, a number of specialties have decreased in numbers, including allergists, cardiovascular surgeons, endocrinologists, gastroenterologists, hematologists, and infectious disease specialists. Arizona’s high projected population growth combined with the limited number of in-state medical education and training opportunities will make Arizona increasingly reliant on recruiting physicians from other states at a time of projected national shortages.

California (2004) – “Likely to Face Physician Shortage in 2015”

The University of California Office of Health Affairs and University of California Health Sciences Committee commissioned a report on California’s physician workforce conducted by the University of Albany’s Center for Health Workforce Studies. The report concludes that “growth in physician demand

is likely to outpace growth in physician supply by between 4.7% and 15.9%.” The population of California is growing rapidly which will place great strains on the healthcare delivery system and the physician workforce. More than one-fourth of the state’s practicing physicians were over age 55 in 2000. In addition, the state has a mal-distribution of physicians with 60% of the current physicians practicing in only five counties.

Florida (2005) – “All Agree Demand Outstrips Production”

Florida is currently grappling with the decision of whether to add two more medical schools due to a shortage of physicians. According to staff analysis by the Board of Governors of the State University System of Florida, “though data sources are conflicting on the exact number of physicians that will be needed, all agree demand outstrips production.” A quarter of Florida’s practicing physicians are over 65 and only 10% are under 35. Florida’s population is projected to increase 60% by 2030 and the aged population is projected to grow by 124% in the same span which will dramatically increase demand for physician services.

Georgia (2005) – “Physician Marketplace Needs New Physicians”

The Georgia Board for Physician Workforce conducts annual surveys of physicians completing their final year of residency training in the state. While there is a strong market for new physicians – 89% of the job seekers graduating from GA residency programs received and accepted a job offer, only 54% of the graduates with confirmed practice plans are remaining in Georgia. Results of the 2004 survey indicate Georgia continues to rely heavily on other states and countries to train needed physicians.

Kentucky (2005) – “Shortage will Continue to Pose Major Challenge”

A study from The University of Kentucky Center for Rural Health found a current and future projected physician workforce shortage and suggests that the “physician shortage will continue to pose a major challenge.” Currently, 2 out of 3 of the state’s counties are officially designated health professional shortage areas (HPSAs) for primary care by the Health Resources and Services Administration (HRSA). To make matters worse, approximately 400 of Kentucky’s currently practicing family physicians are age 60 or older and likely to retire in the near future.

Massachusetts (2005) – “Physician Labor Markets Under Extreme Stress”

A 2005 physician workforce study conducted by the Massachusetts Medical Society concludes the “physician labor markets in Massachusetts continue to be under extreme stress and will need significant system reform and collaboration from stakeholders to avert a health care crisis.” The state reports significant shortages in the following specialties: anesthesiology, neurosurgery, radiology, cardiology, gastroenterology, and orthopedics. Practicing physicians in these specialties report they are having difficulty recruiting and retaining physicians and have had to alter their practices in order to meet demand.

Michigan (2005) – “Significant Gap Between Supply and Demand in 2020”

A June 2005 analysis of the physician workforce conducted by the Michigan State Medical Society projects that “each major region in Michigan will exhibit a significant gap between physician supply and demand in 2020.” The aging of the population will drive the increased demand for physicians. Several specialties that primarily serve the elderly are particularly at risk for shortages, including general surgeons, radiologists, urologists, otolaryngologists, and ophthalmologists.

Mississippi (2003) – “Extant Physician Shortage will Become More Severe”

Even before hurricane Katrina devastated the gulf coast region, Mississippi was facing a shortage of physicians. Findings presented in a 2003 white paper by the Health Policy Research Center at Mississippi State University indicate an “extant physician shortage will become more severe.” Over half (56%) of the states physicians practice in four counties and 2 out of 3 counties are officially designated health professional shortage areas (HPSAs) with high levels of chronic illness and poverty. A survey of practicing physicians indicates that many are considering relocation or early retirement which will likely exacerbate the current shortages.

North Carolina (2004) – “Report Warns of Possible Shortage”

The 2004 North Carolina Health Professions Data Book shows that despite some growth in the number of physicians practicing in North Carolina, the rate of growth in the total number of practicing physicians has continually declined since 2000. Physician growth is not keeping pace with the growth in population with declines in both generalists and specialists. For the past six years, the growth of primary care physicians has slowed in the state and 1 out of 3 counties experienced a decrease in the number of primary care providers.

Texas (2002) – “Physician to Population Ratios Increasingly Unfavorable”

The Texas Higher Education Coordinating Board released a report in 2002 stating that, “if the number of physicians does not increase, the [physician to population] ratios will become increasingly unfavorable.” While the number of Texas medical school graduates has remained relatively flat over the past twenty years, the state’s population has grown by 50% in the same span. In addition, underserved populations and the under-representation of Hispanics and African-Americans are critical issues for the state.

Oregon (2004) – “Looming Shortage of Physicians”

Oregon Health & Science University’s Center for Rural Health has been collecting workforce data since the mid-70’s; 2004 data suggests a “looming shortage of physicians.” Population growth in Oregon exceeds growth in the number of physicians; nearly half of the state’s practicing physicians are over 50 and approaching retirement age. This comes at a time when the state is already experiencing shortages in rural areas and in several specialties, including rheumatology, nephrology, gastroenterology, cardiology, allergy-immunology and pediatrics.

Wisconsin (2004) – “Who Will Care for Our Patients?”

A 2004 report from the Task Force on Wisconsin’s Future Physician Workforce, entitled “Who Will Care for Our Patients? Wisconsin Takes Action to Fight a Growing Physician Shortage” concluded that Wisconsin has current unmet needs for physician services that are likely to worsen in the foreseeable future. Shortages in primary care physicians, general surgeons, and radiologists already exist in rural areas of the state and many specialists are in demand and hard to recruit on a statewide basis. Demand for physician services is projected to exceed even the most optimistic estimate of future physician supply in the state due to population growth and the aging of the population. Demand for primary care services is projected to increase by an additional 13.5% and is expected to exceed 20% for all other physicians.

SPECIALTY SPECIFIC STUDIES

As the population ages, the demand for specialists that provide care for patients over 65 will increase significantly. However, recent workforce studies indicate that we already face current and future shortages in many of these specialties.

Allergy and Immunology (2000) – “Shortage within Next Ten Years”

A June 2000 report prepared for the American Academy of Allergy, Asthma, and Immunology by SUNY Albany’s Center for Health Workforce Studies concludes, “there will be a shortage of allergist/immunologists within the next ten years.” Demand is rising and the supply of new physicians will not be able to keep pace with the current retirement rate of practicing allergists and immunologists and unable to meet the projected increase in demand.

Cardiology (2004) – “Serious Shortage of Cardiologists”

The American College of Cardiology (ACC) Task Force on Workforce concluded that the US is facing a “serious shortage of cardiologists.” A report from their 35th Bethesda Conference, endorsed by the American Heart Association and a host of other cardiology-related societies, predicts that, by 2020, there will be a 20% decrease in the age-adjusted supply of cardiologists at the same time we will see a substantial increase in the incidence and prevalence of cardiovascular disease due to the aging of population and the epidemic of obesity.

Child Psychiatry (2003) – “Evident Shortage Will Continue Well into the Future”

A 2003 Academic Psychiatry article finds that, “despite the decades-long projection of an increasing utilization of child and adolescent psychiatry services and an undersupply of child psychiatrists, the actual growth and supply of child and adolescent psychiatrists has been very slow.” A 1990 report by the Department of Health and Human Services concluded the nation should have over 30,000 child psychiatrists but there are less than 7,000 currently practicing in the nation.

Critical Care and Pulmonology (2000)– “Ever-Widening Shortfall Predicted”

In December 2000, JAMA published a report prepared for the Committee on Manpower for Pulmonary and Critical Care Societies stating that, “although changes in health care delivery...will affect the balance of supply and demand during the next 10 to 15 years, no variable led to a large reduction in the ever-widening shortfall predicted thereafter.” There will be increased demand for intensivists and pulmonologists due to the aging of the population while the supply of these specialists will remain near constant. This will yield a shortfall of specialist hours equal to 22% of demand by 2020 and 35% by 2030. A subsequent 2004 article in CHEST predicts the shortage will become severe as early as 2007. Congress has asked HRSA for a report on these shortages. This shortage is expected to worsen as hospitals move to increase the use of intensivists as recommended by The Leapfrog Group.

Dermatology (2004) – “Inadequate Supply of Dermatologists to Meet Demand”

In an article published in the Journal of the American Academy of Dermatology, “survey data examining wait times, physician perception, use of physician extenders, searches for new employees, and experience of recent graduates entering the workforce [indicates] there is an inadequate supply of dermatologists to meet the demand for services.” Nearly half of practicing dermatologists believe their community could use more dermatologists. One third are recruiting new associates and new graduates are readily able to find jobs.

Endocrinology (2003) – “Demand Will Exceed Supply from Now until 2020”

According to a study published jointly in the May 2003 issues of the journals *Endocrine Practice*, *Diabetes Care*, and the *Journal of Clinical Endocrinology & Metabolism*, the supply of newly trained endocrinologists will not be sufficient to offset retirements and future increases in demand. As it stands, current demand exceeds supply by 15% and the aging of the population compounded with physician retirements will exacerbate the situation. The authors present multiple models for estimating the future demand for endocrinologists and even the conservative estimates predicate a widening shortage by 2020.

Geriatric Medicine (2004) – “Severe and Worsening Shortage”

A report from the American Geriatrics Society (AGS) and the Association of Directors of Geriatric Academic Programs (ADGAP) suggests a “severe and worsening shortage.” With only 7,000 practicing geriatricians we are currently only meeting 35% of estimated need. The Alliance for Aging Research estimated that another 14,000 geriatricians are needed to adequately care for the existing elderly population. By 2030, they estimate the need to more than double to 36,000. However, 26% of geriatric medicine GME slots are unfilled, and 54% of geriatric psychiatry slots are not filled. Financial disincentives (low Medicare reimbursement rates) are cited as the largest barrier to entry to the field.

Medical Genetics (2004) – “Situation is Critical”

An October 2004 Report of the Banbury Summit Meeting on Training of Physicians in Medical Genetics states that “the medical genetics workforce situation is critical.” As the scope of practice for geneticists increases beyond rare pediatric disorders and becomes increasingly relevant to common health concerns (including some forms of cancer and a number of neurological and cardiovascular disorders), declining numbers of physicians are going into the field. 58% of clinical genetics GME slots are unfilled. 17 states currently have shortages and the 5 to 15 year forecast indicates further shortages.

Neurosurgery (2005) – “Severe Decline in Number of Active Neurosurgeons”

According to a study published in the February 2005 issue of the *Journal of Neurosurgery* the nation is encountering a “severe decline in the number of active neurosurgeons and a static supply of residents.” The number of practicing neurosurgeons has declined while at the same time there has been a significant increase in the demand for neurosurgeons. Evidence cited includes a doubling in the average number of journal-advertised academic and private neurosurgery positions per year between 1994 to 1998 and 1999 to 2003.

Pediatric Subspecialties (2003) – Federal Expert Panel Created in Response to Shortage

In 2003, the Department of Health and Human Services (DHHS), through its Bureau of Maternal and Child Health (MCHB/HRSA), created a federal Expert Panel on Pediatric Subspecialty Capacity in response to growing concerns over shortages of pediatric subspecialists across the country. Though the work of the Expert Panel is ongoing, early reports have identified current and future problems with the pediatric specialty workforce leading to problems in access to appropriate subspecialty care for children with special needs throughout the country. For example, a recent review of the pediatric rheumatology workforce found that many children with juvenile arthritis and other serious autoimmune conditions are often forced to seek care from adult specialists because of a lack of adequately trained pediatric providers.

Psychiatry (2003) – “Unclear Rate of Growth will Keep Up with Demand”

In the Winter 2003 issue of *Academic Psychiatry*, an analysis of the current psychiatric workforce trends makes it doubtful “the rate of growth will be able to keep up with the rate of growth of demand.” The average age of practicing psychiatrists is 55.7 and the percentage under 40 dropped from 24% in 1989 to 8% in 2002. Additionally, analysis of the Professional Activities Survey data reveals reductions in the average number of hours worked per week and in the percent of time psychiatrists spend in direct patient care.

Radiology (2004) – “Projections Point to a Shortage”

Projections in a workforce report in the May 2002 issue of the *American Journal of Roentgenology* “point to a shortage.” Unless there are major productivity gains in the future, it will be difficult to meet future demand for radiologists over the next three decades. An update in 2004 indicates the shortage has eased somewhat as measured by a decrease in the number of position vacancies and job postings.

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