

Recent Studies and Reports on Physician Shortages in the U.S.

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Center for Workforce Studies

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Over the past several years, a growing number of national and state or specialty specific studies indicate that the U.S. physician workforce is facing current or future shortages. The report is divided into three sections: 1) a summary of 24 state reports on physician shortages; 2) a summary of 21 specialty shortage reports; and 3) a summary of 5 national studies on the physician workforce.

STATE REPORTS

Since 2002, there have been at least 24 studies of current or future state physician workforce needs. In nearly all of these studies, the underserved and elderly populations are most likely to be affected. Additionally, many of the state reports point out shortages in specialties that are featured in the specialty report section, including allergy and immunology, cardiology, child psychiatry, dermatology, endocrinology, neurosurgery, primary care, and psychiatry.

Alaska (2006) - “Competition for Physicians will Intensify”

According to a report by the Alaska Physician Supply Task Force, Alaska has a severe shortage of physicians and is far behind other states in production capacity. Up to 16% of rural physician positions in Alaska were vacant in 2004. There are currently 205 physicians (MDs and DOs) providing patient care per 100,000 residents compared to the national average of 238 for the same population. According to the Task Force projections, Alaska needs a net gain of 59 new physicians a year to offset the annual loss of 40 per year due to retirement or migration out of the state. Some strategies for securing an adequate physician supply for Alaska’s needs include increasing the number of state-subsidized medical school seats, increasing the number of residency positions in Alaska, and expanding loan repayment assistance programs for physicians practicing in Alaska.¹

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.²

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.³ In partial response to this report, in 2006, the California Board of Regents approved the establishment of a new medical school at the University of California at Riverside.⁴

California (2008) – “Minorities Underrepresented in California Physician Workforce”

A report by the Center for California Health Workforce Studies at the University of California, San Francisco shows that both black and Latino physicians are underrepresented in the workforce. In California, 40% of the population is black or Latino but less than 10% of the physicians in the state are. The state has a population of 35 million people and only 2,000 black physicians and 3,000 Latino physicians are currently practicing. This lack of diversity hurts access to care in underserved areas since minority physicians play a crucial role in serving these areas with 40% of ethnic physicians work in primary care.⁵

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

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.⁶ In 2006, the Florida Board of Governors approved the establishment of two new medical schools.⁷

Georgia (2008) – “Georgia’s Drought of Physicians Will Become a Crisis”

Georgia has fallen so far behind in training physicians and is now scrambling to make up for the deficit said a study commissioned by the Medical College of Georgia. Without immediate statewide cooperation in expanding medical education and residency programs, the state may never again have an adequate supply of physicians. For too long Georgia has relied on out of state and international physicians to make up for the lack of Georgia trained doctors. Without changes in the state’s medical education system, Georgia will rank last in the United States in physicians per capita by 2020. The study suggests increasing Medical College of Georgia’s class size from 190 currently to 240 by 2017 making it one of the largest classes in the country. Furthermore, the Medical College of Georgia is advised to open a new campus in Athens in association with the University of Georgia and develop regional campuses for 3rd and 4th year students across the state.⁸ An earlier study, conducted in 2006, showed that only 50% of the graduates with confirmed practice plans are remaining in the state, down from 56% in 2002.⁹

Idaho (2007) - “Need for more Physicians in Idaho”

In order for Idahoans to have access to physician services the State needs to provide reasonable student access to medical education says a study requested by the Idaho Board of Education. Idaho ranks 49th among the 50 states (50th if the District of Columbia is considered) on the total number of physicians in the state with 198 per 100,000 population which is 66 percent of the national average. The physician shortage is likely to become more acute due to an aging workforce. Using data from the American Medical Association, it was determined that 40 percent of Idaho’s physicians are age 55 or older and that 21 percent are 65 or older. This shows Idaho has the 6th oldest physician workforce in the country. To complicate the shortage further, the reports suggest that the population of Idaho is expected to increase and was ranked 8th in growth rate between 1970 and 2000. To resolve the physician shortage, Idaho is looking for ways to expand medical education in the state. Without a medical school in Idaho, the state relies on and subsidizes 18 WWAMI seats and 8 Utah seats. With only 1.82 first-year medical school seats per 100,000 population, Idaho ranks 48th in the nation and the state is looking for new ways to open doors to medical education for Idaho students.¹⁰

Iowa (2007) – “Aging Population will Alter Demand for Physician Services”

After reviewing physician supply and demand data, a task force established by University of Iowa Health Care leaders developed a set of recommendations for improving the physician supply that focused on modest increases in physician education and training capacity as well as a detailed set of recruitment and retention strategies. The five specialties perceived to be in greatest need were psychiatry, neurosurgery, general internal medicine, orthopedic surgery, and cardiology.¹¹

Kentucky (2007) – “Demand for Physicians Expected to Increase”

For decades Kentucky has been plagued by a shortage of physicians, especially in rural areas says a report by the Kentucky Institute of Medicine. Almost half of Kentucky’s counties-55 out of 120, and most of them rural-are officially designated Health Professional Shortage areas (HPSA) for primary care. Aside from the overall shortage of physicians, 400 of all the family physicians in Kentucky, are age 60 or above and are nearing retirement. Kentucky’s physicians are not well distributed which is evidenced by the fact that, “more than 43% of the State’s 4.2 million residents live in rural areas, but only 28% of its physicians do.” Furthermore, high rates of chronic diseases at far greater rates than the national average might necessitate additional physicians beyond those already needed, to serve the State. To address the projected shortage the report recommends increasing the applicant pool, increasing medical school class size, and developing regional clinical medical school campuses, among other strategies.¹² A study conducted in 2005 confirmed many of the same findings in the 2007 study.¹³

Maryland (2008) - “Critical Statewide Physician Shortages in Maryland”

A study commissioned by the Maryland Hospital Association, with the support of MedChi, the Maryland State Medical Society, found that overall Maryland is 16% below the national average for the number of physicians available for clinical practice. The shortage of physicians has most affected Southern Maryland, Western Maryland, and the Eastern Shore and all three regions fall significantly below national levels in active practicing physicians. One of the reasons for these shortages is an aging workforce with 33.4 percent of physicians over age 55. Some changes that could curtail the imminent crisis are: initiate a state loan forgiveness program that draws physicians to regions in need, increase the number of residency slots, and offer incentives to encourage physicians to practice in the state’s rural areas.¹⁴

Massachusetts (2008) – “Physician Labor Market Continues to be Under Extreme Stress”

For seven years in a row, the Massachusetts Medical Society has conducted a physician workforce study and each successive report points to a strained health care market. This most recent report has identified 12 physician specialties that meet the classification for critical or severe conditions in the labor market. The demand for services in these specialties has surpassed the supply in the state. As the new health care initiative goes into effect, this could further strain the state’s ability to meet demand for services.¹⁵

Michigan (2006) – “Growth in Demand Will Outpace Growth in Supply”

A study by the Center for Health Workforce Studies at the University of Albany, State University of New York concluded that between 2005 and 2020, growth in the demand for physicians in Michigan will likely outpace growth in the supply of physicians. Michigan is likely to face a physician shortage by 2020. The severity of this shortage is expected to be about 4,400 physicians, or about 12% of the number of physicians required to meet the forecasted demand for medical services in 2020.¹⁶

Minnesota (2008) – “Physician Supply in Minnesota is Diminishing”

According to a study by the Minnesota Hospital Association Board of Directors, Minnesota’s physician workforce is waning. Nearly half (45%) of Minnesota’s physicians are over the age of 50 and 65 and older population is projected to increase by 58% by 2020. Only 5% of all Minnesota physicians practice in rural areas, while 13% of Minnesotans live there. Rural areas also suffer from having too few specialists as physician distribution is becoming a bigger problem in the southern and northern rural areas. Physician recruitment and retention strategies must be developed for and by Minnesota hospitals to ensure the state’s ability to provide quality health care.¹⁷

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.¹⁸

Nebraska (2008) – “Over 1/3 of all Physicians in Nebraska are Older than 50 Years”

In a recent study by the Nebraska Center for Rural Health Research it was reported that only 9 of Nebraska’s 93 counties have a physician-to-population ratio above the 2004 national average ratio of 214.09 physicians per 100,000 population. It is expected that in the next 10 to 15 years over a third of all Nebraska’s physicians will retire. Furthermore, Nebraska has not developed an all-inclusive plan to predict the need for health care services or stayed in touch with innovations in training programs to meet future needs for professionals who practice effectively in health care teams. A task force has been established to look at the health workforce issues that are currently facing Nebraska.¹⁹

Nevada (2006) – “School Too Small to Meet State’s Growing Health Care Needs”

A 2006 report by LarsonAllen, a Minnesota consulting firm charged with reviewing Nevada medical education capacity and need, recommends that the state develop a health sciences center in order to dramatically increase medical school and graduate medical education training opportunities. With one of the lowest physician to population ratios and one of the highest population growth rates in the nation, the existing medical education system cannot keep up with the need.²⁰

New Mexico (2006) – “Long History of Being a Physician Shortage State”

New Mexico’s population is both growing and aging and as the populations ages, the health needs, expectations and wealth of baby boomers may motivate and enable them to use more health care services. Only Los Alamos County, with a rate of 2.41 physicians per 1,000 population, came close to the national average of 2.42, and all other counties were far below. The distribution of physicians is still a major concern with more than half of New Mexico’s physicians located in Bernalillo County. Furthermore, New Mexico relies on other states to provide physician supply with three quarters of physicians being trained out of state. In order for New Mexico to have sufficient supply of physicians in the future, ongoing monitoring of the status of the physician workforce is essential.²¹

Upstate New York (2009) – “Upstate New York Reported Most Difficulty Recruiting”

A report by the Center for Health Workforce Studies noted that hospitals in upstate New York were experiencing difficulties in recruiting and retaining pharmacists, physical therapists, medical laboratory technicians as well as experienced RNs and PAs. A general regional shortage of health workers as well as low salaries, were cited as the main reasons for the recruiting problems. Around 50% of hospitals in the region reported problems hiring part-time workers and 36% reported difficulty finding bilingual, Spanish-speaking workers.²²

North Carolina (2007) – “State Likely to Face a Severe Shortage Over Next 20 Years”

A Task Force convened by the North Carolina Institute of Medicine concluded that without major changes in the health care delivery system or significant increases in the number of physicians, the state is likely to face a severe shortage of physicians. The projected shortages are not limited to physicians and will also include nurse practitioners, physician assistants and certified nurse midwives. The projected gap is mainly due to population growth, aging of the population and providers, and the increasing prevalence of chronic diseases.²³

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.²⁴

Pennsylvania (2007) – “Pennsylvania’s Physician Numbers Have Not Been Growing”

A report by the Pennsylvania Medical Society presents a number of trends that raise concerns regarding the future supply of physicians. The report points out that the physician workforce in Pennsylvania is old, with 50% of their physicians over the age of 50 and less than 8% of their physicians are under the age of 35. With increasing demand for health services outpacing supply, physicians are needed to work more hours and this negative trend could make retention and recruitment more problematic. Another problem is the residency retention rate which dropped from 60% in 1992 to only 22% in 2006. Specialty specific physicians have been on the decline since 1997 especially in the areas of family medicine, internal medicine, obstetrics and gynecology, cardiology, pathology, orthopedic surgery, general surgery, and neurosurgery.²⁵

Texas (2008) – “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.” Another report released in 2008 highlights some of the efforts that Texas is implementing to alleviate a shortage of physicians. 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.²⁶ In June 2007, the governor of Texas signed legislation approved by the 80th Texas Legislature to fund the final components necessary for the Texas Tech University Health Sciences Center El Paso School of Medicine to become a fully operational four-year medical school.²⁷

Utah (2006) – “Shortages Exist in many Specialties”

In 2003, the Utah Medical Education Council sent a survey to all practicing physicians licensed in the state to better understand the existing workforce and to forecast future supply and demand. There are current shortages in pediatric neurology, child psychiatry, adult psychiatry, obstetrics & gynecology, general surgery, dermatology, urology, and cardiology. The state will need to recruit up to 270 physicians a year in order to keep up with growth in demand due to the growth and aging of the population and to replace loss of FTEs due to retirements. Given the nationwide shortages, it will be a challenge to even maintain current recruitment levels.²⁸

Virginia (2007) - “Virginia Must Begin Acting Now to Increase Physician Workforce”

In the Report of the Governor’s Health Reform Commission it is estimated that by 2020 there will be a shortage of approximately 1,500 physicians in Virginia. Physician retention is the primary issue in the supply of Virginia’s doctors with only 28% of active physicians in the state who completed a residency or fellowship there. It is also estimated that by 2020 the state will need of 22,600 full-time RNs. By 2030 25% of the state’s population will be over the age of 60 meaning more people will be making more frequent doctor’s visits. If the state could work to increase its current retention rate (36%) as well as increasing medical school class size, there is a greater chance of stemming this shortage. The Report also recommends increasing funds for scholarship and loan repayment programs.²⁹

Wisconsin (2008) – “Who Will Care for Our Patients?”

A 2008 report updating an earlier 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 are most severe in rural and inner-city areas of the state. Areas of Milwaukee and other Health Professional Shortage Areas are in dire need of primary care physicians specifically.

SPECIALTY SPECIFIC STUDIES

Recent workforce studies indicate that we face current and future shortages in a wide array of specialties. In addition to potential shortages in primary care specialties, as the population ages, the demand for specialists that provide care for patients over 65 will increase significantly. As indicated by a number of the studies below, the aging of the population is expected to contribute to 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.³⁰

Anesthesia (2003) – “Current Shortfall of Anesthesiologists”

A 2003 assessment of the supply of and demand for anesthesiologists found a current shortage. There was not enough data to determine with confidence how demand for anesthesiologists would change in the coming years. If demand increases above 1.5%, the authors project a continued shortage through 2015.³¹

Cardiology (2004) – “Serious Shortage of Cardiologists”

The American College of Cardiology (ACC) Task Force on Workforce concluded that the U.S. 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.^{32 33 34}

Child Psychiatry (2006) – “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.³⁵

Critical Care Workforce (2006) – “Growing Supply of Intensivists will be Insufficient”

In June 2003, Congress asked HRSA to examine the adequacy of the critical care workforce in response to concerns that the number of pulmonary and critical care physicians would not be able to meet the needs of the aging baby boomer population. HRSA worked with the College of Chest Physicians to update physician workforce models to include critical care physicians and found that “demand for intensivists will continue to exceed available supply through the year 2020 if current supply and demand trends continue.”³⁶

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.³⁷

Emergency Medicine (2006) – “National Crisis in Emergency Care”

In 2006, the IOM released a series of three reports on the future of emergency medicine concluding that emergency departments and ambulatory services are overburdened, under-funded, and highly fragmented. Patients face long waits in overcrowded emergency rooms and often needed on-call specialists are not available. A significant contributing factor is that more and more patients are turning to emergency departments for care because of lack of insurance, for after-hours care, or due to limited options in rural communities.³⁸

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 2020.³⁹

Family Physicians (2006)–“Declining Medical Student Selection of Family Medicine”

A report by the American Academy of Family Physicians states that in order for the country to have enough physicians to meet the demands of the population in 2020, a typical accredited family medicine residency program would need to increase from an average of 21.7 residents to 24 residents. The report suggests recruiting diverse candidates to become family physicians who will most likely serve rural, underserved, and elderly patients.⁴⁰

Gastroenterology (2009) – “A Shortfall of Gastroenterologists Projected by 2020”

The Lewin Group recently released a report citing that gastroenterologists are crucial for detecting colorectal cancer (CRC) as they provide the majority of colonoscopies. A shortfall of approximately 1,050 gastroenterologists is expected by 2020 since demand for colonoscopies is expected to rise by 10 percentage points. Both the aging and growth of the population is causing demand to exceed supply and the number of gastroenterologists entering the field are not going to meet the needs of the growing and aging population. Women gastroenterologists will increase from 10% to over 15% of the workforce.⁴¹

General Surgery (2007) – “General Surgeon to Population Ratios Declined Steadily”

A longitudinal study published in the Archives of Surgery on general surgeons from 1981 to 2005 shows a constant decline. There are 723 fewer general surgeons practicing today than were in 1981. The general surgeon to population ratio decreased steadily across the study period, from 7.68 per 100,000 in 1981 to 5.69 per 100,000 in 2005. The overall number of general surgeons has remained static since 1994, despite an increase in the population of 1% per annum during this period. This coupled with the rise in surgical specialization and the decreased interest of medical student’s in general surgical careers has generated concern over a shortage.⁴²

Generalist Physician Supply (2008) – “A Decade of Declining Numbers of Graduates”

The numbers of generalist residency graduates have declined each year since 1998, causing concern about future shortages says a study published in *Health Affairs*. Furthermore, between 2005 and 2025 the population above age 65 will increase 73 percent, the same group who seeks care from generalists at twice the rate of those under the age of 65. Using 2005 levels as a benchmark, a 20-27 percent shortfall, about 35,000 to 44,000 generalists, is anticipated by 2025. The major decline is attributed to more and more graduates in internal medicine sub-specializing. To increase the number of generalists, the authors recommend that reimbursement reform realigning incentives to make the “medical home” financially viable should be at the top of the list.⁴³

Geriatric Medicine (2008) – “The Healthcare Workforce Receives little Geriatric Training”

As the nation’s 78 million baby boomers begin to retire, a report issued by the Institute of Medicine concludes that the healthcare workforce is not prepared to offer the best care to older patients. Only a small percentage of physicians specialize in geriatric medicine because of the high cost associated with extra years of training and the relatively low pay. Since virtually all healthcare professionals care for the elderly at some point, geriatric competence needs to be improved through significant enhancements in medical educational curricula and training. The study recommends that incentives be provided to increase the number of geriatric specialists such as higher pay, loan repayment, and scholarships.⁴⁴

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.⁴⁵

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 2003.⁴⁶

Oncology (2007) – “Oncology Moving to a State of Acute Shortages in 2020”

A 2007 report in the Journal of Oncology Practice concludes that the nation will face a shortage of oncologists if current cancer rates and practice patterns continue. Demand is projected to increase by 48% by 2020 due to the growth in the aged population and to the increasing number of cancer survivors. Supply is only projected to increase by 14% by 2020 due to physician retirements and limited expected growth in the number of oncology fellowship training slots. The authors note there are opportunities to minimize the gap in supply and demand but that no single remedy alone can fully address the likely shortage.⁴⁷

Pediatric Subspecialties (2007) - “Pediatric Subspecialty Care is in a Crisis”

The Expert Work Group on Pediatric Subspecialties has determined that the main causes for the crisis in pediatric subspecialties are an insufficient number of specialists, an increasing demand for these services, and not enough funding for medical education. The lack of available care harms children and families and produces pricey inefficiencies in the healthcare system as a whole. The report recommends making access to these subspecialties a priority in medical home reform efforts and increasing collaboration among specialists in pediatric care at the local and regional levels.⁴⁸

Primary Care (2006) – “Primary Care on the Verge of Collapse”

In 2006, the American College of Physicians released a report entitled “The Impending Collapse of Primary Care Medicine and Its Implications for the State of the Nation’s Health Care”. At a time of growing demand for primary care due to growth in the number of people with chronic diseases and long term care needs of an aging population, there has been a decline in the number of medical students entering primary care. The authors cite a number of policy recommendations for averting a crisis, including implementing the advanced medical home (a care coordination model), reforming reimbursement policies, and creating financial incentives for improving quality and efficiency.⁴⁹

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.⁵⁰

Public Health (2008) – “Public Health Workforce Shortages Imperil Nation’s Health”

A research brief by the Center for Studying Health System Change reports that local health departments are facing a workforce crisis in that they are unable to recruit, train, and retain Public Health workers to meet communities’ needs. Some factors leading to this shortage are inadequate funding, uncompetitive salaries and benefits, large numbers of retiring workers, not enough currently trained workers, and a general lack of enthusiasm for service in public health. Public health workers provide essential services and without enough of these workers the public’s health would suffer drastically.⁵¹

Rheumatology (2007) – “Shortage Exists Now and is Likely to Worsen”

In a 2007 Arthritis and Rheumatism article, the authors predict substantial excess in demand relative to the supply of rheumatologists between 2005 and 2025. The nation is facing an increasing prevalence of musculoskeletal diseases due to the growth and aging of the population at a time when the supply of rheumatologists is not projected to increase. The authors note it appears there is a current shortage as a survey of rheumatologists reveals an average wait for a new appointment of 38 days.⁵²

NATIONAL REPORTS**“Out of Order out of Time” - Association of Academic Health Centers (2008)**

In a report by the Association of Academic Health Centers (AAHC) the dysfunction of public and private health workforce planning is highlighted and a call is given to implement a comprehensive national policy with effective solutions. The study claims that too many entities are controlling health workforce policy making which leads to a limited focus instead of a broad strategic vision and short term decisions driven by responses to crisis rather than long term planning. A broader integrated approach is recommended where the Federal Government is in charge of workforce planning and it becomes a priority domestic policy issue.⁵³

“The Complexities of Physician Supply and Demand: Projections Through 2025” – Association of American Medical Colleges (2008)

Using the most recently available data, a new report by the AAMC Center for Workforce Studies projects future supply and demand for physicians and concludes that a national shortage is likely. Driven by such factors as U.S. population growth, aging population and doctors, and increased physician visits, the demand for doctors will outstrip the supply through at least 2025. If physician supply and use patterns stay the same, the United States will experience a shortage of 124,000 full-time physicians by 2025. US medical schools are increasing their enrollment as recommended by the AAMC. The report concludes that while this increase is necessary, it will not be sufficient to meet future patient needs and demand. Actions beyond increasing the supply of physicians will be needed. Complex changes such as improving efficiency, reconfiguring health care delivery, and making better use of both physicians and other health care professionals will also be necessary.⁵⁴

“Growth and Aging of the U.S. Population will Cause a Surge in Demand” – The Federal Department of Health and Human Services (DHHS) (2006) - The Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (DHHS) released a report in 2006, projecting a shortfall of approximately 55,000 physicians in 2020. If current trends continue, the full time equivalent (FTE) physician supply is projected to grow to 866,400 by 2020, while demand for physicians will increase to 921,500 due to the growth and aging of the U.S. population. The report projects shortages will be in greatest in non-primary care specialties.⁵⁵

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

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.⁵⁶

“U.S. Likely to Face a Shortage in 2020” – U.S. Council on Graduate Medical Education (COGME) Report (2005)

- 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.⁵⁷

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