

Physician Supply and Demand Through 2025: Key Findings

In March 2015, the economic modeling and forecasting firm IHS Inc. released a new study, *The Complexities of Physician Supply and Demand: Projections from 2013 to 2025*, at the request of the AAMC. Projections for individual specialties were aggregated into four broad categories for reporting: primary care, medical specialties, surgical specialties, and “other” specialties.¹ To reflect future uncertainties in health policy and care use and delivery patterns, the study presents ranges for the projected shortage of physicians rather than a specific shortage number.

Demand for physicians continues to grow faster than supply. Although physician supply is projected to increase modestly between 2013 and 2025, demand will grow more steeply.

- **Total physician demand is projected to grow by up to 17 percent**, with population aging/growth accounting for the majority. Full implementation of the Affordable Care Act accounts for about 2 percent of the projected growth in demand.
- **By 2025, demand for physicians will exceed supply by a range of 46,000 to 90,000.** The lower range of estimates would represent more aggressive changes secondary to the rapid growth in non-physician clinicians and widespread adoption of new payment and delivery models such as patient-centered medical homes (PCMHs) and accountable care organizations (ACOs).
- **Total shortages in 2025** vary by specialty grouping and include:
 - A shortfall of between **12,500 and 31,100 primary care physicians.**
 - A shortfall of between **28,200 and 63,700 non-primary care physicians**, including:
 - 5,100 to 12,300 medical specialists
 - 23,100 to 31,600 surgical specialists
 - 2,400 to 20,200 other specialists²

The physician shortage will persist under every likely scenario, including increased use of advanced practice nurses (APRNs); greater use of alternate settings such as retail clinics; delayed physician retirement; rapid changes in payment and delivery (e.g., ACOs, bundled payments); and other modeled scenarios.

Addressing the shortage will require a multi-pronged approach, including innovation in delivery; greater use of technology; improved, efficient use of all health professionals on the care team; and an increase in federal support for residency training. The study’s results confirm that no single solution will be sufficient on its own to resolve physician shortages.

Because physician training can take up to a decade, a physician shortage in 2025 is a problem that needs to be addressed in 2015.

- ¹ **Primary care** consists of general & family practice, general internal medicine, general pediatrics, and geriatric medicine. **Medical specialties** consist of allergy & immunology, cardiology, critical care, dermatology, endocrinology, gastroenterology, hematology & oncology, infectious diseases, neonatal-perinatal medicine, nephrology, pulmonology, and rheumatology. **Surgical specialties** consist of general surgery, colorectal surgery, neurological surgery, obstetrics & gynecology, ophthalmology, orthopedic surgery, otolaryngology, plastic surgery, thoracic surgery, urology, and vascular surgery. The **other specialties** category consists of anesthesiology, emergency medicine, neurology, pathology, physical medicine & rehabilitation, psychiatry, radiology, and all other specialties.
- ² The shortage range for total physicians is smaller than the sum of the ranges for the specialty categories. The demand scenarios modeled project future demand for physician services, but scenarios can differ in terms of whether future demand will be provided by primary care or non-primary care physicians. Likewise, the range for total non-primary care is smaller than the sum of the ranges for the specialty categories.