2018
Learn Serve Lead
Austin, Texas
November 2-6
The State of the Physician Workforce

Michael J. Dill
Director, Workforce Studies, AAMC
November 3, 2018
The AAMC Workforce Studies Team

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- Michelle Ogunwole, MD
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Overview

The State of the Physician Workforce

- Projections
- Trends
- Diversity
- People Who Need Care
How it all fits together

Projections

Trends

Diversity

People Who Need Care

Will we meet our need?

<table>
<thead>
<tr>
<th>Pipeline growth &amp; limits</th>
<th>Workforce changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipeline growth &amp; limits</td>
<td>Workforce changes</td>
</tr>
<tr>
<td>Access growth &amp; limits</td>
<td>Population changes</td>
</tr>
</tbody>
</table>
Projections

The State of the Physician Workforce

- Trends
- Diversity
- People Who Need Care
Projections inform policy, and updates inform projections
For the fourth time, projections show shortages of physicians in both primary and specialty care, with a large shortage among critical surgical specialties.
Projections based on key trends, current utilization, most likely scenarios

• Begin with 2016 “level of care” as status quo
• Key trends modeled as supply and demand scenarios
• Focus on most likely 25\textsuperscript{th}-75\textsuperscript{th} percentiles of paired projections
We model multiple scenarios

<table>
<thead>
<tr>
<th>Supply scenarios</th>
<th>Demand scenarios</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status quo</td>
<td>Status quo</td>
</tr>
<tr>
<td>Work hours</td>
<td>Managed care</td>
</tr>
<tr>
<td>GME</td>
<td>Retail clinics</td>
</tr>
<tr>
<td>Retirement – earlier</td>
<td>APRNs/PAs – moderate</td>
</tr>
<tr>
<td>Retirement - later</td>
<td>APRNs/PAs - high</td>
</tr>
<tr>
<td></td>
<td>Population health</td>
</tr>
</tbody>
</table>
We look at all possible pairings of scenarios

Growing shortage of physicians projected from 2015 to 2030

Projected Physician Shortfall Range, 2015-2030

The size and range of projected physician shortages varies by specialty group.

### Projected Physician Specialty Group Shortfall Ranges, 2030

- **Primary Care Specialties**
  - Range: 14,800 - 49,300

- **Non-Primary Care**
  - Medical Specialties: -700 to 9,600
  - Surgical Specialties: 20,700 to 30,500
  - Other Specialties: 20,300 to 31,800

Projections - Summary

- Most recent report consistent with past
  - Shortages
  - Surgical specialties
Trends

The State of the Physician Workforce

- Projections
- Trends
- Diversity
- People Who Need Care
Trends

• UME
We have 27 new medical schools since 2006.
Results of the 2017 Medical School Enrollment Survey

May 2018
US MD enrollment expected to exceed 30% increase

Source: Results of the 2017 AAMC Medical School Enrollment Survey
Medical schools’ concern about clinical training opportunities for their students continues to grow.
Pressure from sites regarding payment for student rotations on the rise

Source: AAMC 2017 Medical School Enrollment Survey Report
Turnover and difficulties with replacement of physician volunteers are growing problems.

Source: AAMC 2017 Medical School Enrollment Survey Report
Overall MD & DO first year enrollment is projected to grow 59% between 2002 and 2021.

Projected MD and DO first year enrollment through 2021

30 new DO programs, including remote sites and branch campuses

Source: AAMC 2016 Medical School Enrollment Survey Report
# PAs & NPs are growing their pipelines rapidly

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PA programs</strong></td>
<td>134</td>
<td></td>
<td>209</td>
</tr>
<tr>
<td><strong>PA enrollment</strong></td>
<td></td>
<td>10,920</td>
<td>21,585</td>
</tr>
<tr>
<td><strong>DNP programs</strong></td>
<td>53</td>
<td></td>
<td>313</td>
</tr>
<tr>
<td><strong>DNP enrollment</strong></td>
<td></td>
<td>3,415</td>
<td>25,289</td>
</tr>
</tbody>
</table>

Source: PAEA Program Reports; AACN Correspondence.
Competition, especially from DO, NP & PA programs, rising rapidly

Source: AAMC 2017 Medical School Enrollment Survey Report
The Economics of Supply and Demand for Year 3 and 4 Clinical Clerkships

• Create an understanding of current situation
• Highlight contributing factors
• Focus on challenges and options moving forward with innovative solutions

- Hilton: Austin Grand Salon FG
- Today: 3:15-4:30 pm

- Anne Barnes
- Raymond Curry
- Tim Johnson
Trends

• GME
Medical schools concerned about students’ ability to find a residency training position

Source: AAMC 2017 Medical School Enrollment Survey Report
Residents entering pipeline rising, but slowly

Sources: ACGME Data Resource Books.
Recent growth in DO residents and fellows may reflect shift to a single GME accreditation system

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>USMD</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>IMG</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>DO</td>
<td>5%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Source: ACGME Data Resource Books.
Trends

• GME Retention
11 years after residency

37,818 Clinically Active Physicians

30% Practicing in same HRR as Residency

Higher retention for

- Female physicians
- Physicians with 3+ gap years before med school
- Primary care physicians
- Physicians with ties to state of residency

Source: Ostapenko & Fisher. Forthcoming. "How far does the apple fall from the tree? Factors Associated with Physician Retention in the Geographic Location of their Residency".
Ties to location have the strongest effect

<table>
<thead>
<tr>
<th></th>
<th>Number of Physicians</th>
<th>HRR Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Birth State</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Same as residency</td>
<td>9,212</td>
<td>43%</td>
</tr>
<tr>
<td>Different than residency</td>
<td>28,606</td>
<td>26%</td>
</tr>
<tr>
<td><strong>Undergraduate State</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Same as residency</td>
<td>10,912</td>
<td>43%</td>
</tr>
<tr>
<td>Different than residency</td>
<td>23,130</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Medical School State</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Same as residency</td>
<td>14,568</td>
<td>42%</td>
</tr>
<tr>
<td>Different than residency</td>
<td>22,472</td>
<td>23%</td>
</tr>
<tr>
<td><strong>Previous times in Residency State</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>19,373</td>
<td>21%</td>
</tr>
<tr>
<td>One</td>
<td>6,857</td>
<td>34%</td>
</tr>
<tr>
<td>Two</td>
<td>6,929</td>
<td>43%</td>
</tr>
<tr>
<td>Three</td>
<td>4,659</td>
<td>47%</td>
</tr>
</tbody>
</table>

Source: Ostapenko & Fisher. Forthcoming. “How far does the apple fall from the tree? Factors Associated with Physician Retention in the Geographic Location of their Residency”.
Trends

• Practicing physicians
Physicians are working fewer hours, especially male physicians

- 17,700 FTE physicians in 8 years

Source: Census Bureau, American Community Survey 2005-7 3-year estimates, 2008-12 and 2012-16 5-year estimates. Accessed via IPUMS-USA.
Post-recession, physician retirements are rising

Physicians retiring

Source: AMA Masterfile year end 2004-year end 2016. Notes: Figures are three-year rolling averages. Only counts those who move to fully retired TOP='071'.
Some large specialties are older than others

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Total active physicians</th>
<th>Percent 55+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatry</td>
<td>38,193</td>
<td>61.3</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>41,753</td>
<td>51.7</td>
</tr>
<tr>
<td>Radiology and Diagnostic Radiology</td>
<td>27,711</td>
<td>51.6</td>
</tr>
<tr>
<td>General Surgery</td>
<td>25,026</td>
<td>46.4</td>
</tr>
<tr>
<td>Family Medicine/General Practice</td>
<td>113,283</td>
<td>45.7</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>115,476</td>
<td>44.2</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>41,623</td>
<td>43.5</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>58,406</td>
<td>42.2</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>42,280</td>
<td>34.8</td>
</tr>
</tbody>
</table>
Change in psychiatrists per 10,000 population, 2004 to 2017

Source: AMA Physician Masterfile; CDC Wonder Database.
Change in general surgeons per 10,000 population, 2004 to 2017

Source: AMA Physician Masterfile; CDC Wonder Database.
Trends

• Wellness
“Physician burnout is associated with suboptimal patient care and professional inefficiencies; health care organizations have a duty to jointly improve these core and complementary facets of their function.”

Physician Burnout

• 42% burned out
  ➢ Male – 38%
  ➢ Female – 48%

The roots of burnout are many:

- Too many bureaucratic tasks (e.g., charting, paperwork)
- Spending too many hours at work
- Lack of respect from administrators/employers, colleagues, or staff
- Increasing computerization of practice


https://www.aamc.org/wellbeing
Sexual harassment is common in academic medicine

“Women students, trainees, and faculty in academic medical centers experience sexual harassment by patients and patients’ families in addition to the harassment they experience from colleagues and those in leadership positions.”

-National Academies of Sciences, Engineering, Medicine

Putting an end to the culture of gender-based harassment is key to recruiting, retaining, and realizing the full potential of nearly half the medical workforce. Doing so will depend on our willingness to undergo a complete transformation in how we approach this problem.

Just as it is difficult to correct the potassium level in a magnesium-depleted patient, interventions targeting sexual harassment are sure to fail in an environment that fosters the devaluation of women in every other sense.

Esther K. Choo, M.D., M.P.H., Jane van Dis, M.D., and Dara Kass, M.D.

Time’s Up for Medicine? Only Time Will Tell
Trends Summary

• Exceed enrollment goal
• Clerkships & GME
• Single accreditation

• Work hours declining
• Retirement on the rise
• Burnt out
Diversity

The State of the Physician Workforce

Projections

Trends

Diversity

People Who Need Care
Diversity

- UME
Number of schools with programs to recruit under-represented groups rising

Percentage of respondents who have an established program for recruiting the following populations, 2015-2017

- Minority groups currently underrepresented in medicine
- Students with disadvantaged backgrounds (low income, low SES, recent immigrants, etc.)
- Students from rural communities
- Students from urban underserved communities
- Students from local underserved communities

Most medical school matriculants are now female

Applicants and Matriculants to U.S. Medical Schools, Percent Female, 2008-2009 through 2017-2018

Matriculants

Applicants

Source: AAMC Applicants and Matriculants Data.
Recent diversification of matriculants has been uneven

Source: AAMC Applicants and Matriculants Data.
Many minorities still under-represented among medical school graduates and residents

<table>
<thead>
<tr>
<th>Actual 2017 Composition</th>
<th>American Indian or Alaska Native</th>
<th>Asian</th>
<th>Black or African American</th>
<th>Hispanic, Latino or of Spanish Origin</th>
<th>Native Hawaiian or Other Pacific Islander</th>
<th>White</th>
<th>Multiple Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduates</td>
<td>0%</td>
<td>21%</td>
<td>6%</td>
<td>5%</td>
<td>0%</td>
<td>56%</td>
<td>8%</td>
</tr>
<tr>
<td>Residents</td>
<td>0%</td>
<td>27%</td>
<td>5%</td>
<td>8%</td>
<td>0%</td>
<td>53%</td>
<td>4%</td>
</tr>
<tr>
<td>Population 25-29 yrs.</td>
<td>1%</td>
<td>7%</td>
<td>15%</td>
<td>21%</td>
<td>0%</td>
<td>55%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Source: AAMC FACTS Table B4 with the persons of Hispanic origin and one or more race moved out of the Multiple Race/Ethnicity into Hispanic; ACS Data from the US Census.
Black Males in Medicine
Reshaping the Journey
American Indians and Alaska Natives in Medicine

Learn
Serve
Lead

October 2018
Association of American Medical Colleges
American Indians and Alaskan Natives under-represented in the physician workforce

Only 0.56% of active physicians in the US identify as American Indian or Alaskan Native (alone or in combination with another race).

Active U.S. MD physicians in 2016 who identify as American Indian or Alaska Native.

The demographics on graduating AI-AN physicians and those represented within the Native health care workforce are appalling and embarrassing.

-Ronald Shaw, MD (Osage-Creek)

The AAMC is honored to co-create this report with the AAIP, and it is our hope that we can all assist in addressing the challenges facing our Native communities across America. There has never been a better time to... remind ourselves of the social accountability we have, as academic medical institutions, to society.

-David A. Acosta, MD, FAAFP
Diversity

• Practicing physicians
The US physician workforce is aging

Production of new physicians not keeping pace with aging workforce (change)

US physician workforce continues to grow and to include more female physicians

Physicians in the US, 1980 to 2012-2016

Specialties with the highest percentages of female physicians

Active Physicians, Percent Female, by Specialty, 2017

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Total physicians</th>
<th>Percent female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrics</td>
<td>36,945</td>
<td>63.3</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>23,740</td>
<td>57.0</td>
</tr>
<tr>
<td>Pediatric Hematology/Oncology</td>
<td>1,489</td>
<td>53.4</td>
</tr>
<tr>
<td>Internal Medicine/Pediatrics</td>
<td>2,704</td>
<td>52.8</td>
</tr>
<tr>
<td>Child and Adolescent Psychiatry</td>
<td>4,849</td>
<td>52.7</td>
</tr>
<tr>
<td>Geriatric Medicine</td>
<td>2,939</td>
<td>52.6</td>
</tr>
</tbody>
</table>

Specialties with the highest percentages of male physicians

Active Physicians, Percent Male, by Specialty, 2017

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Total physicians</th>
<th>Percent male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopedic Surgery</td>
<td>17,981</td>
<td>94.7</td>
</tr>
<tr>
<td>Sports Medicine (Orthopedic Surgery)</td>
<td>2,440</td>
<td>93.4</td>
</tr>
<tr>
<td>Thoracic Surgery</td>
<td>4,102</td>
<td>93.0</td>
</tr>
<tr>
<td>Interventional Cardiology</td>
<td>3,546</td>
<td>92.3</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>5,065</td>
<td>91.6</td>
</tr>
<tr>
<td>Urology</td>
<td>9,051</td>
<td>91.3</td>
</tr>
</tbody>
</table>

Most workforce race and ethnicity diversity is from USMG and USIMG physicians

Source: US Census Bureau.
Most workforce race and ethnicity diversity is from USMG and USIMG physicians

Source: US Census Bureau.
What We Do Not Know
(Because It Has Not Been Asked)

- Sexual orientation
- Gender identity
- Military Service
- Disability Status
- Experience of Bias, Harassment, Assault or Harm
Diversity Summary

- Female matriculants > 50%
- Rural matriculants declining
- Race and ethnicity uneven - but still nowhere near representation
  - Black males
  - American Indians and Alaskan Natives
- Older
- More female
- Much we do not know
People Who Need Care

The State of the Physician Workforce

Projections
Trends
Diversity

People Who Need Care
If **underserved populations** had the same access to health care as those without barriers to health care and used it at the same rate, the United States would have needed **95,100 MORE PHYSICIANS IN 2016**
People

• Health Care Utilization Equity
What does health care utilization equity look like?

• Same use of care
• Says nothing about quality
• Says nothing about outcomes

• Window into magnitude of unmet need
The magnitude of unmet need

What if barriers disappeared? How much more utilization (in 2016) if…

Scenario 1

• Everyone used care like insured people living in metropolitan areas?

Scenario 2

• Everyone used care like white insured people living in metropolitan areas?
Estimated Additional Physicians Needed if U.S. Had Achieved Health Care Utilization Equity in 2016

**Scenario 1:** Insurance & Metro/Non-metro
- 31,600 Additional Physicians

**Scenario 2:** Insurance, Metro/Non-metro, & Race/Ethnicity
- 95,100 Additional Physicians

Estimated Additional Physicians Needed if U.S. Had Achieved Health Care Utilization Equity in 2016

<table>
<thead>
<tr>
<th>Scenario 1 (Insurance, Metro)</th>
<th>Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>9,800</td>
<td>--------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scenario 2 (Insurance, metro, race)</th>
<th>Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>20,700</td>
<td>--------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scenario 1 (Insurance, metro)</th>
<th>Specialty Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>21,800</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scenario 2 (Insurance, metro, race)</th>
<th>Specialty Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>74,400</td>
<td></td>
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</table>

Health care use would change most in metropolitan areas

Scenario 1 (Insurance, Metro)
- Non-metropolitan: 15,100
- Metropolitan: 16,500

Scenario 2 (Insurance, metro, race)
- Non-metropolitan: 19,100
- Metropolitan: 76,000

People (Who Need Health Care)

• Population Trends
The nation’s population is growing rapidly

Total projected population

We are approaching a crossroads in our nation’s age profile

Demand increases as U.S. population ages


Average physician visits per person

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<tr>
<td>Under 15</td>
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<tr>
<td>15-24</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>25-44</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45-64</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65-74</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>75 and older</td>
<td></td>
<td></td>
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</tbody>
</table>

The nation’s population is urbanizing rapidly

Most demand will continue to come from metro areas

Projected demand, metro areas, 2016 & 2030

Projected demand, non-metro areas, 2016 & 2030

Most of the future demand growth will be from minority populations

Percent of demand growth, 2016-2030

- Hispanic: 31%
- White: 38%
- Black: 14%
- Asian, Pacific Islander, Native American & Alaskan Native: 17%

People

• Access to Care
Millions of Americans cannot always get care when they need it

- **Needed care last 12 months-always able to get it, 64%**
- **Did not need care, 27%**
- **Could not afford, 4%**
- **Could not get appointment soon enough, 1%**
- **Could not find provider, 2%**
- **Transportation problems, <1%**
- **Other, 1%**

9% of U.S. adults (>22 million people) could not always get care

Source: AAMC Consumer Survey of Health Care Access Wave 16, June 2018
Access to care has been improving

Racial and ethnic access disparities persist

Source: AAMC Consumer Survey of Health Care Access Waves 3-16, Native Hawaiian/Other Pacific Islander excluded due to small sample size
Access improving in all types of places

Access to care varies by more than race and rurality

Percent of respondents not always able to get care, 2017-2018

<table>
<thead>
<tr>
<th></th>
<th>Mental limitations</th>
<th>Physical limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Mental limitations</td>
<td>18%</td>
<td>11%</td>
</tr>
<tr>
<td>Physical limitations</td>
<td>14%</td>
<td>6%</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bi-sexual</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Gay or Lesbian</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11%</td>
<td></td>
</tr>
</tbody>
</table>

Source: AAMC Consumer Survey of Health Care Access Waves 3-16, n>10,000
People Who Need Care Summary

- Many more people
- Older
- Urban
- Moving toward majority minority
- Access
  - Improving
  - Disparities persist
The State of the Physician Workforce

Review

- Projections
- Trends
- Diversity
- People Who Need Care
Production of new physicians not keeping pace with aging workforce and population

Other key takeaways

• A diverse physician workforce will not get easier to create if we wait
• Physician burnout is a national crisis
• Shortages are everywhere
In addition to admitting women into programs, we need to address how women, including women of color, are progressing through their careers starting with undergraduate and graduate schools, probably all the way up to their retirement. It’s about all the hurdles they have that really seem to point to bias as the biggest challenge. The same can be said for men of color.

-Anita Hill

Monday, November 5, 8:45-10:00 am
Convention Center: Hall 4
Workforce Studies

The mission of the AAMC Workforce Studies team is to be the pre-eminent resource for physician workforce projections, data, and research, providing support and value to AAMC and AAMC’s members, and leadership to the health workforce research community.

The 2018 Update: The Complexities of Physician Supply and Demand: Projections from 2016 to 2030

The 2018 Update: Complexities of Physician Supply and Demand: Projections from 2016 to 2030, conducted by IHS Markit on behalf of the AAMC, presents workforce projections that reflect the potential impact of a variety of health care delivery and policy scenarios. The study is an update to last year’s report. It incorporates the most current and best available evidence on health care delivery and responds to questions received after releasing the prior report.

Download the full report

Featured Data and Reports

2017 State Physician Workforce Data Report
Looking for a summary of your state’s workforce data? The State Physician Workforce Data Report is published biennially. It provides state-specific data about active physicians and physicians in training, in a series of figures, tables, and maps that provide detailed statistics on active physicians, MD and DO students, and residents and fellows. Click here for a list of state profiles. Download the full report.

2016 Physician Specialty Data Report
Published biennially, this Workforce Studies report provides the most current data available about the active physicians and physicians in training. A series of figures and tables provide detailed statistics on active U.S. physicians and physicians in residency and fellowship programs, who are in the 43 largest specialty groups.
What’s next for AAMC’s Workforce Studies?

• Work hours
• Retirement
• Workforce diversity
  • More complete data
  • Specialty-specific
  • Programs
• Role of PAs/APRNs
May 1-3, 2019 - The Westin Alexandria, Alexandria, VA

Developing a health workforce for 2030 and beyond

• How do we train and prepare the current and future workforce to meet current and future needs? To skillfully deploy current and future technologies? To work effectively in current and future health care systems? How do we train and educate the workforce to keep up with the pace of change? How do we reconfigure training and education to keep up with the pace of change?
• What workforce do we need, where do we need them, and doing what, in order to have fewer disparities in the future?
• What partnerships are needed to connect the health workforce with the communities they serve in order to achieve fewer disparities and better health in communities across the country?

Questions? Please contact workforce@aamc.org