



Annual Address on the State of the Physician Workforce

Michael J. Dill
Director, Workforce Studies, AAMC





Workforce Studies Team

- Sarah Conrad
- Da'Shia Davis
- Natalie Felida
- Sarah Hampton
- Xiaochu Hu
- Zakia Nouri
- Scott Shipman
- Alexay Crawford
- Brooke Kelly



















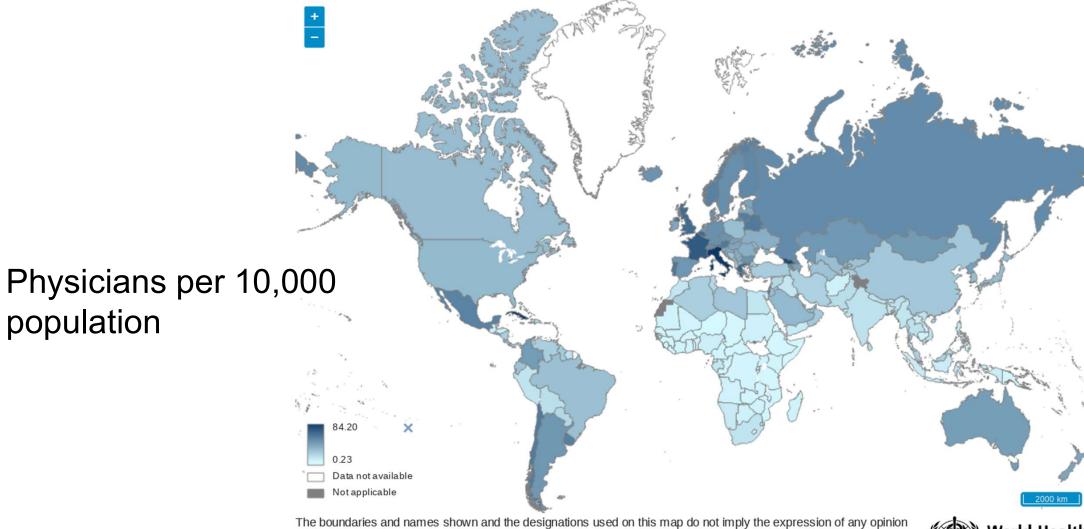
You thought you had trouble finding a doctor before. Just wait...





population

Some global context



whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

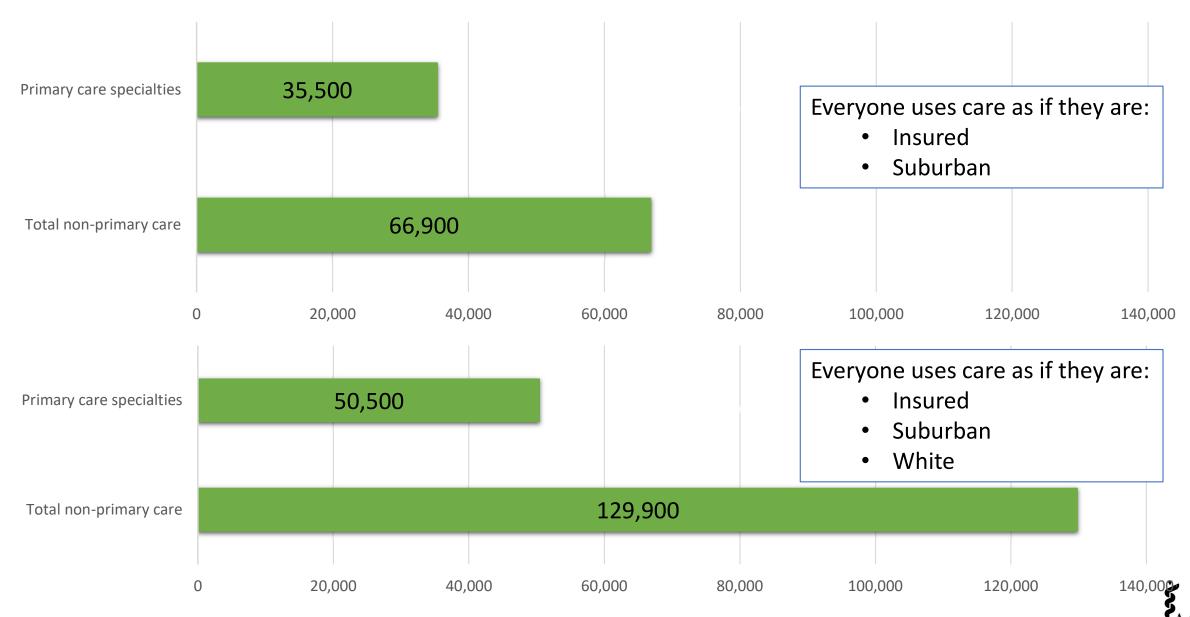


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What would it take to achieve equity?





Primary Care Shortfall 17,800 – 48,000

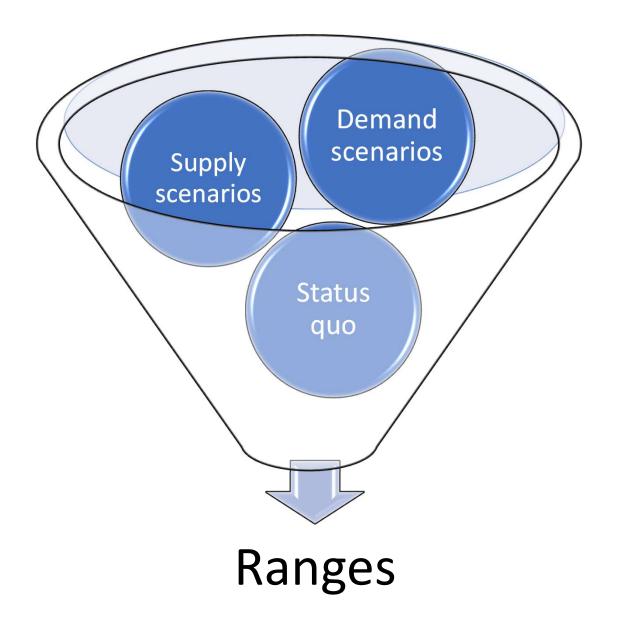
By 2034, Physician Shortfall of 37,800 – 124,000

Specialty Care Shortfall 21,000 – 77,100





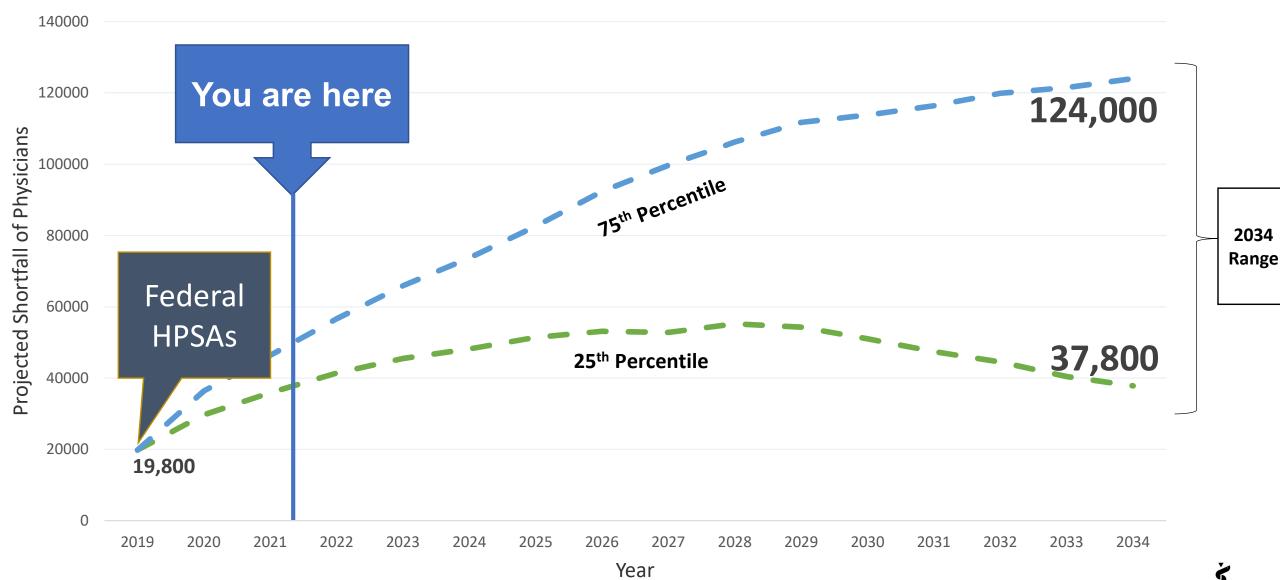
We evaluate numerous scenarios







Total Projected Shortfall Range, 2017-2032







What, if anything, changed since last year?

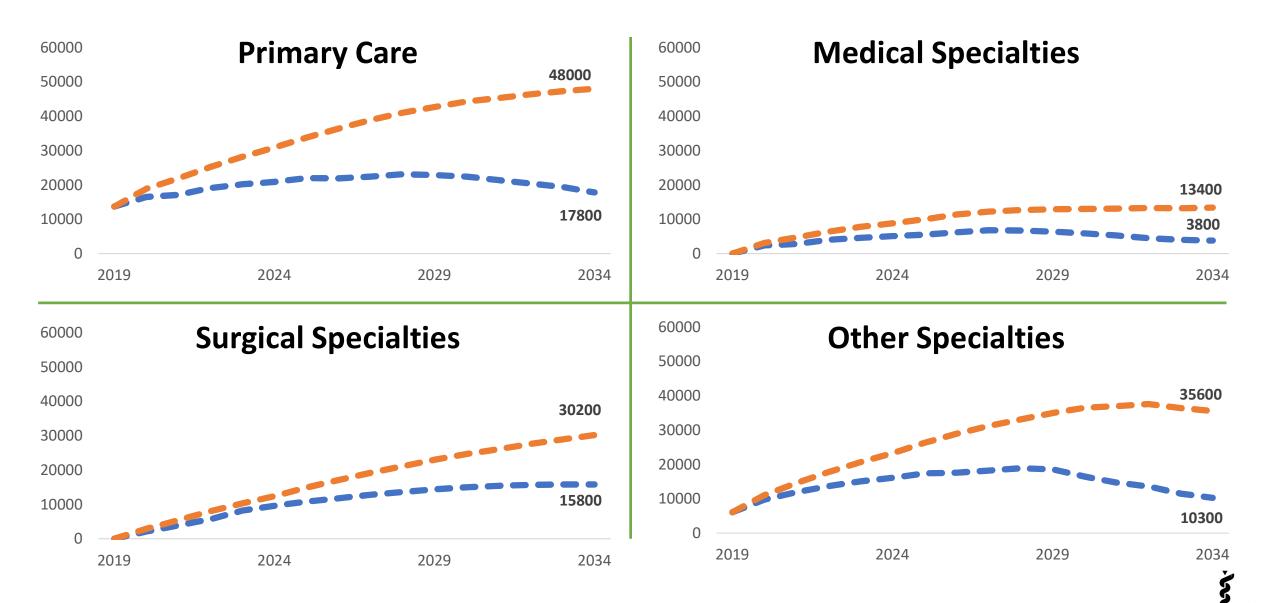
- Initial shortage down 2,000
- ❖ GME continues to grow by ~2%/year
- Consolidated Appropriations Act of 2021 created potential for 1,000 new slots

	Last year's report	This year's report
High end of range	139,000	124,000
Low end of range	54,100	37,800



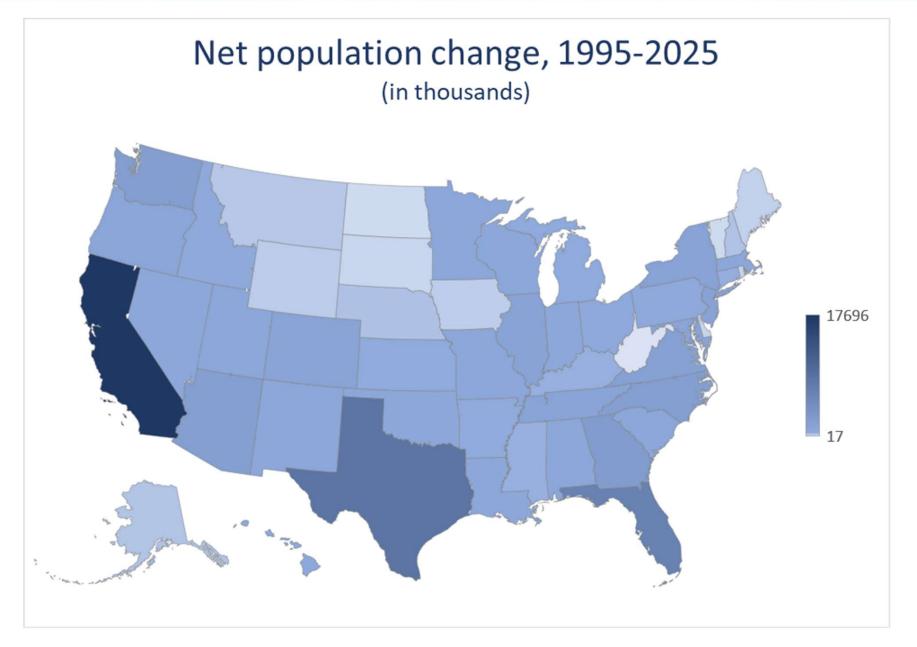


Variations in shortage by Specialty Group





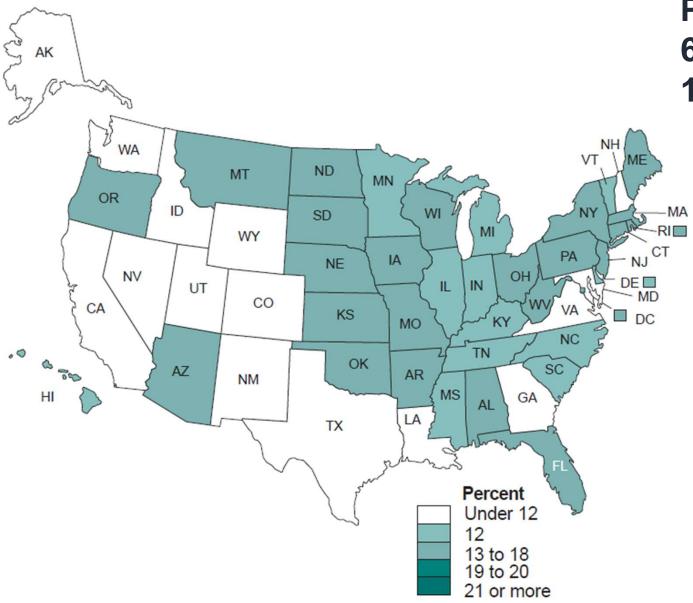
We are growing in number...







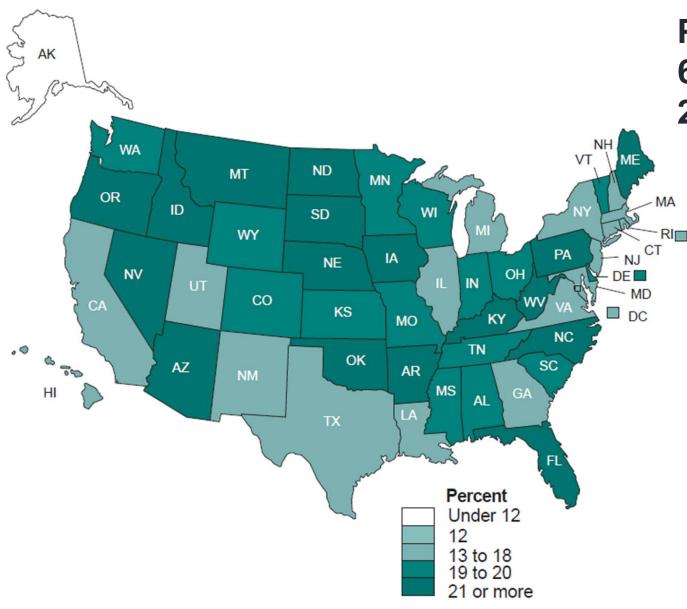
And we are aging



Percent of population 65+ years 1995



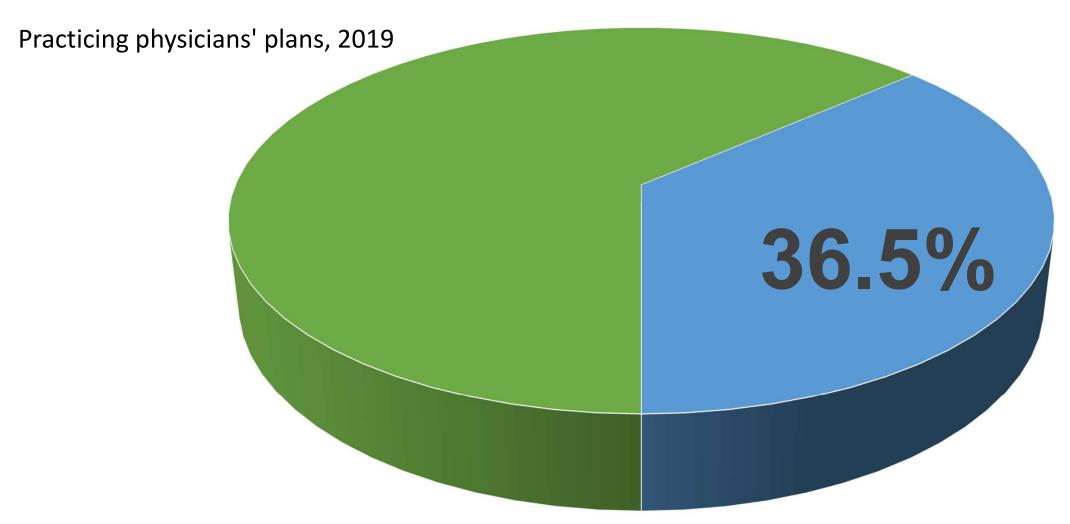
And we are aging



Percent of population 65+ years 2025



A lot of physicians are planning to retire





Retired in 2029









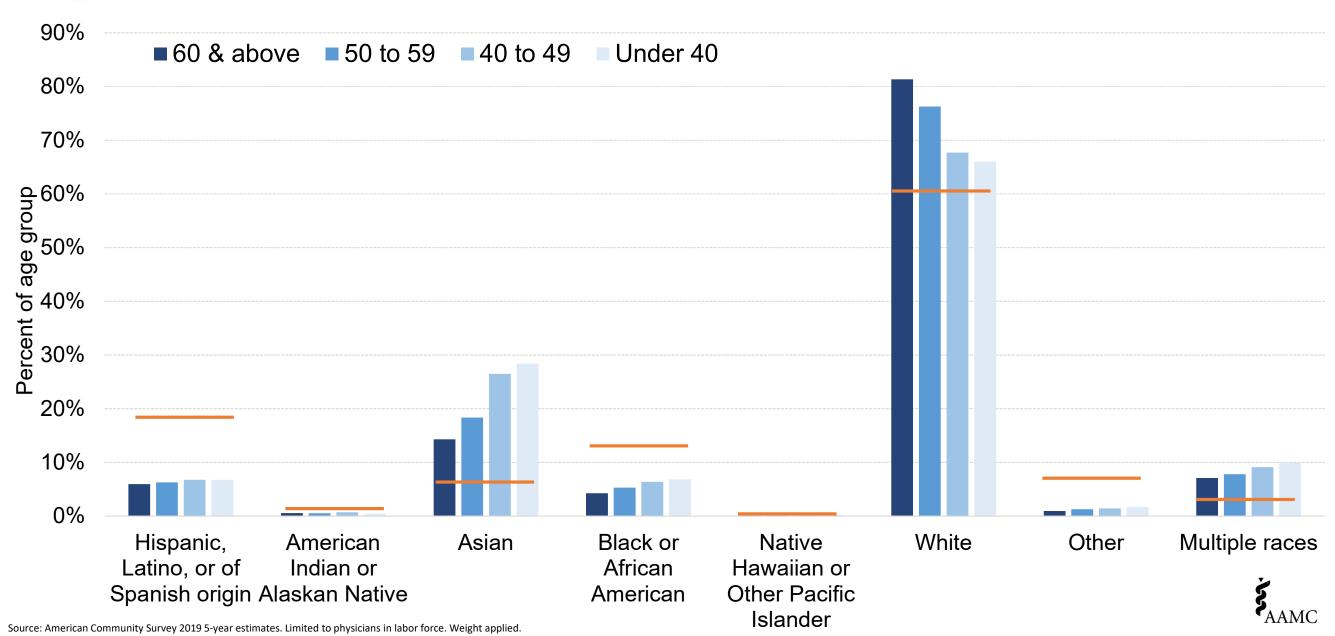


WITHOUT A DIVERSE WORKFORCE, WE HAVE NO WORKFORCE.



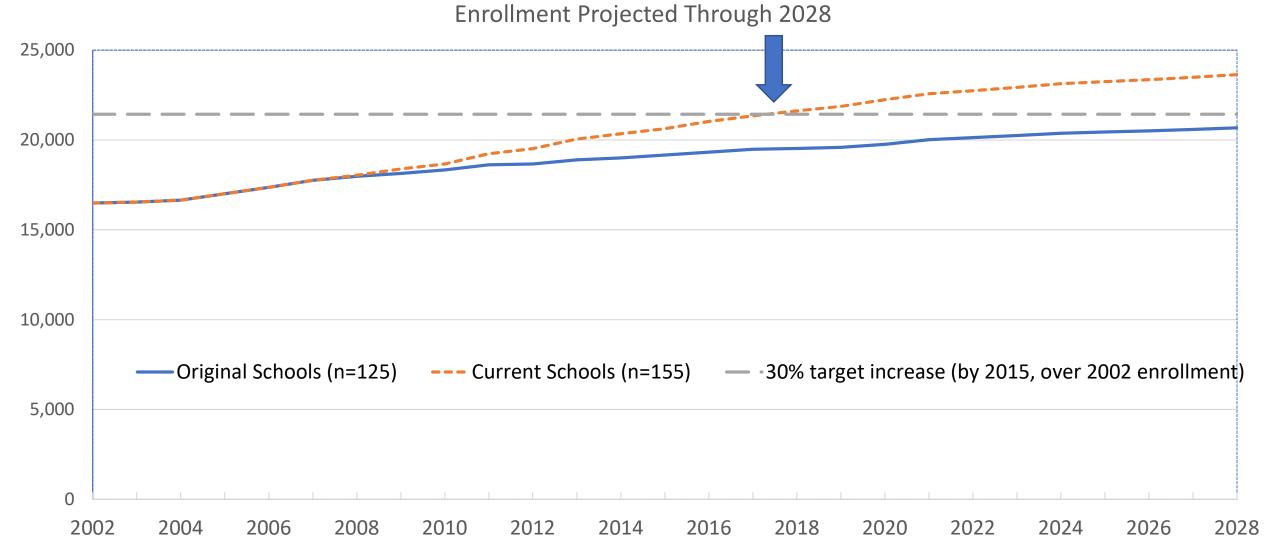


Is the workforce getting more diverse?





Medical school enrollment, past & projected, 2002-2028

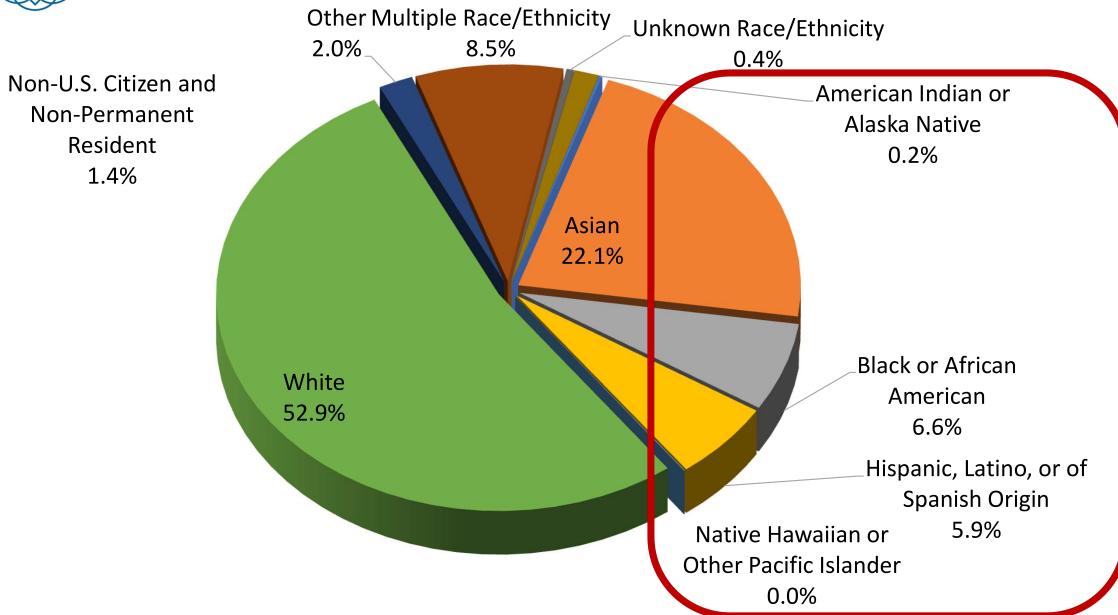








U.S. Medical School Graduates by Race and Ethnicity, 2019-2020





Increase Significantly the Number of Diverse Medical School Applicants and Matriculants



Despite much talk and action, the academic medicine community has made minimal progress in increasing the number of physicians from diverse racial and ethnic backgrounds. We need more assertive efforts to cultivate a more diverse and culturally prepared workforce. We need to better understand how systemic barriers such as racism and inconsistent access to quality education, beginning with pre-K, negatively affect diversity in academic medicine. And we must design bolder interventions to address the growing absence of Black men and the invisibility of American Indians and Alaska Natives in medical school and the physician workforce, which are national crises.

In this action plan, the AAMC will take a multitiered approach that will require sustained investment, collaboration, and attention over time to significantly increase the diversity of medical students.



Physicians are diverse in myriad ways



Research Letter | Health Policy

Estimated Prevalence of US Physicians With Disabilities

Zakia Nouri, MA; Michael J. Dill, MA; Sarah S. Conrad, MS; Christopher J. Moreland, MD, MPH; Lisa M. Meeks, PhD

St. Christopher J. Moreland, MD, Moh. Land. MS; Christopher J. Moreland, MD, Moh. Land.

3.1% of physicians self-identify as having a disability – that's about 30,000 physicians



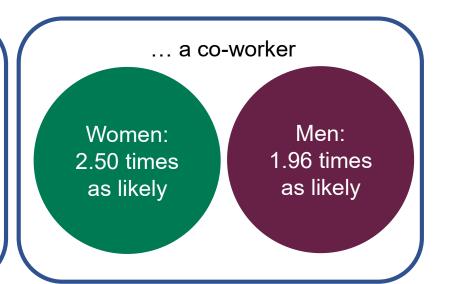


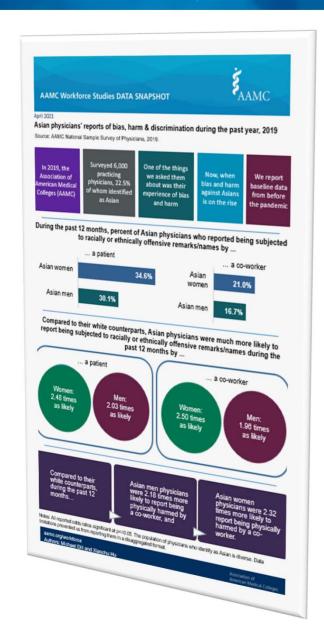
Not just numbers: Climate and culture matter, too

Compared to their white counterparts, Asian physicians were much more likely to report being subjected to racially or ethnically offensive remarks/names during the past 12 months by ...

Women:
2.48 times
as likely

Men:
2.03 times
as likely





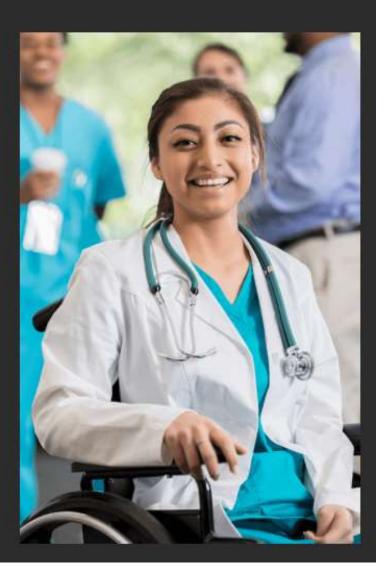


Equip Medical Schools and Teaching Hospitals and Health Systems to Become More Inclusive, Equitable Organizations

During the COVID-19 pandemic, front-line health care providers, patients, families, and the public have displayed countless acts of unity. We have been "in this together." And yet, in other ways, we have not been. The pandemic struck Black and Native American communities and other marginalized and vulnerable groups especially hard. Then the brutal deaths of George Floyd and other Black Americans threw the country into turmoil as nationwide protests erupted, laying bare many inequities and reigniting the struggle for racial equality.

For years, women and members of marginalized groups in academic medicine have faced systemic problems such as racism, microaggressions, bias, harassment, disrespect, inadequate mentoring, salary inequities, and isolation, which have harmed their sense of belonging.

To accelerate discovery and improve health, academic medicine needs to create equitable and inclusive environments in which all faculty, staff, administrators, trainees, and learners feel welcome, safe, valued, and a sense of belonging and can pursue successful science and medicine careers. Such environments are key to attracting and advancing a diverse workforce and improving the health of all people.











COVID: Waves Crashing upon a Workforce Shore









Fewer Private Practices



8% of doctors in the United States permanently closed their offices, translating to an estimated loss of

16,000 private practices.

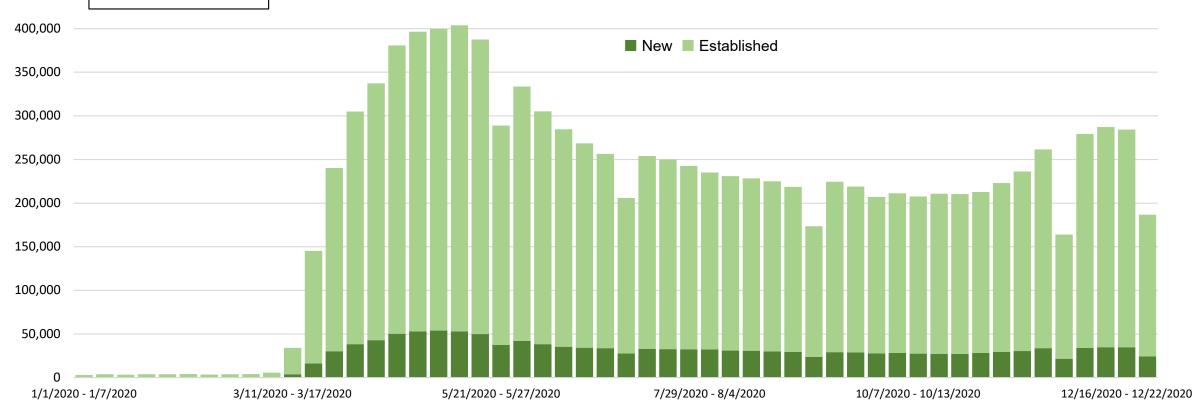






Telehealth took over

Count of Visits



Faculty Practice Plan Weekly Telehealth E&M Utilization

Source: AAMC analysis of physician and non-physician claims billed by Faculty Practice Plan members of the Clinical Practice Solutions Center. The Clinical Practice Solutions Center (CPSC) is a product of the Association of American Medical Colleges (AAMC) and Vizient that collects billing data from member practice plans to provide benchmarks and help them improve performance.

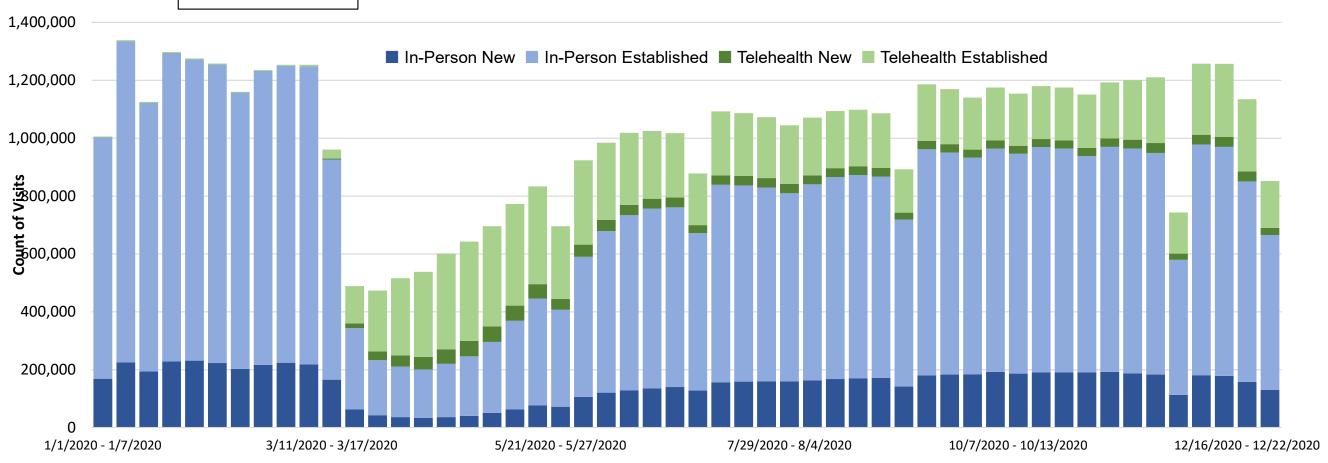
Note: 82 CPSC members had shared their claims data through December at the time of this analysis (July 2021). "E&M Utilization" includes all in-person and telehealth claims with CPT codes 99201-5 (new) and 99211-5 (established) across all applicable places of service, specialties, and payers. Telehealth visits identified based on modifiers 95, GT, GQ, G0 on the claim.





Or did it?

Count of Visits



Faculty Practice Plan Weekly In-Person and Telehealth E&M Utilization

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WEBMD HEALTH NEWS

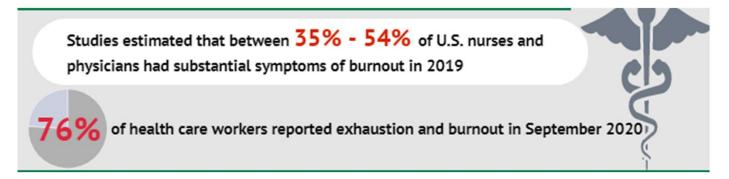
Doctor Burnout Is Affecting Patients: Survey

The doctors are not all right

Doctors need mental health support, but the medical profession often punishes them for getting it.

By Julia Belluz | @juliaoftoronto | Jun 23, 2021, 5:00am EDT

The pandemic going for more than 18 months, with the resurgence of more severe mutations, has resulted in a "totally exhausted workforce," Parikh told The Washington Post.



More virus path to burnout; another surge pushing health workers to breaking point



40% of physicians felt burnt out at least once a week



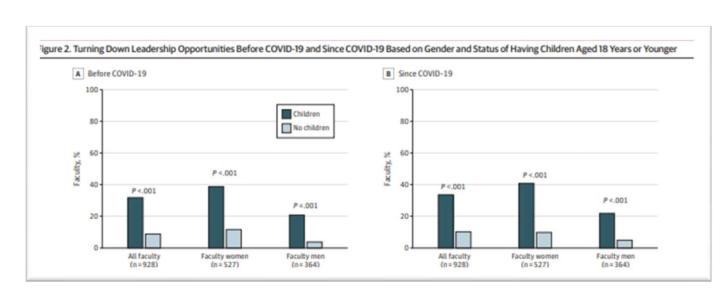




Women and COVID

The COVID-19 pandemic has also highlighted systemic assumptions about women physicians that may cause unintentional disadvantage.







Brubaker, Linda. 2020. "Women Physicians and the COVID-19 Pandemic." *JAMA* 324 (9): 835. https://doi.org/10.1001/jama.2020.14797. Matulevicius, Susan A., Kimberly A. Kho, Joan Reisch, and Helen Yin. 2021. "Academic Medicine Faculty Perceptions of Work-Life Balance Before and Since the COVID-19 Pandemic." JAMA Network Open 4 (6): e2113539—e2113539. https://doi.org/10.1001/jamanetworkopen.2021.13539.



Women and COVID



DIVERSITY AND INCLUSION | WELLNESS | WORKFORCE

Why women leave medicine

Amy Paturel, MS, MPH, special to AAMCNews

October 1, 2019





More Uptake of Child Care among Women Physicians



From: Changes in Physician Work Hours and Patterns During the COVID-19 Pandemic

JAMA Netw Open. 2021;4(6):e2114386. doi:10.1001/jamanetworkopen.2021.14386

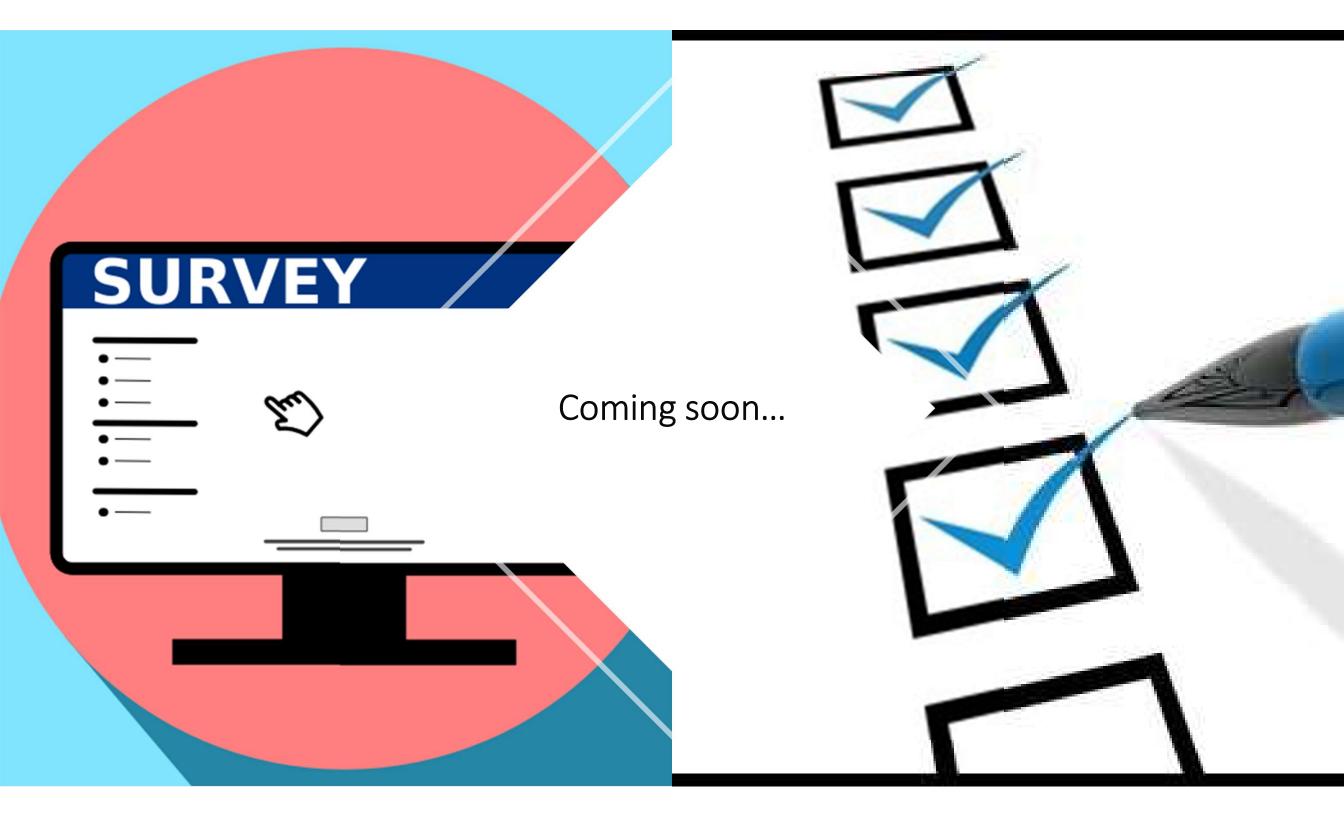
Our findings suggest a disproportionate uptake of childcare among women physicians.

Comparison of Work Status and Activities Before and During the COVID-19 Pandemic^{aa} The authors' calculations were based on the IPUMS CPS basic monthly data January 2019 to December 2020. See eAppendix 3 in the Supplement for additional notes.



^b Among female, full-time physicians.

^c Among male, full-time physicians.

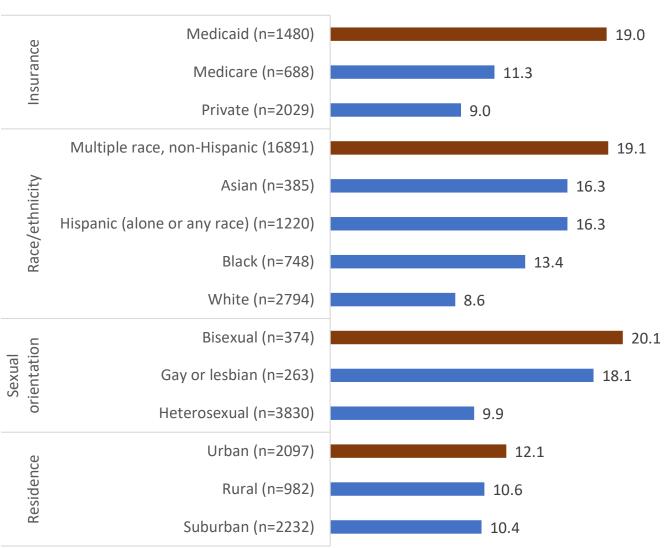




Access has improved, but it is not the same for everyone

PERCENT NOT ALWAYS ABLE TO GET CARE

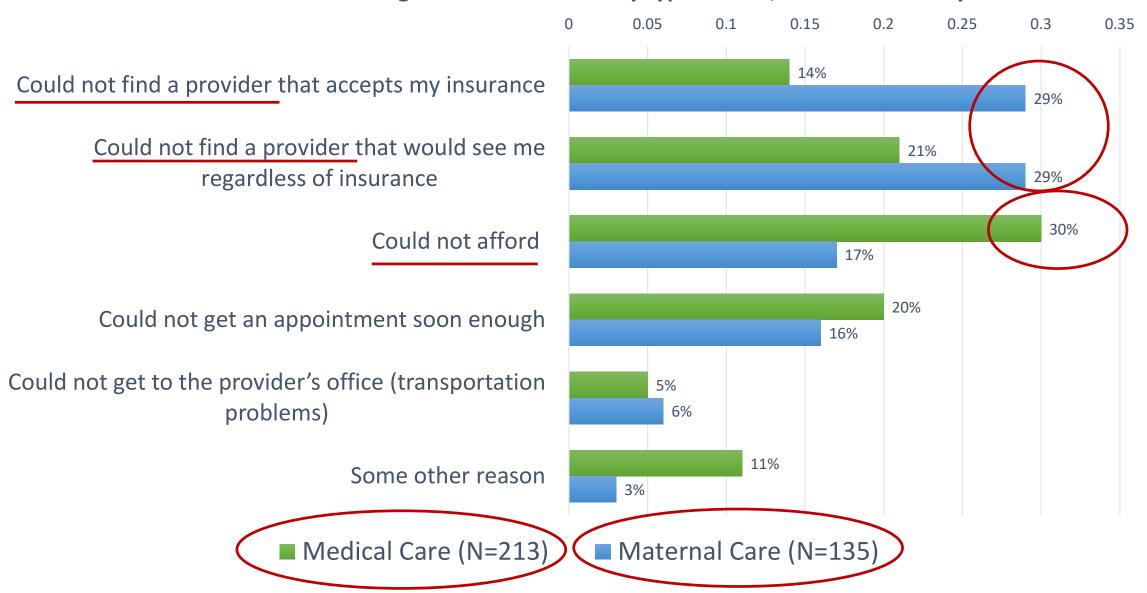






Access to Maternal Care: Providers Hard To Find

Main reason for not being able to access care by type of care, % women 18-54 years





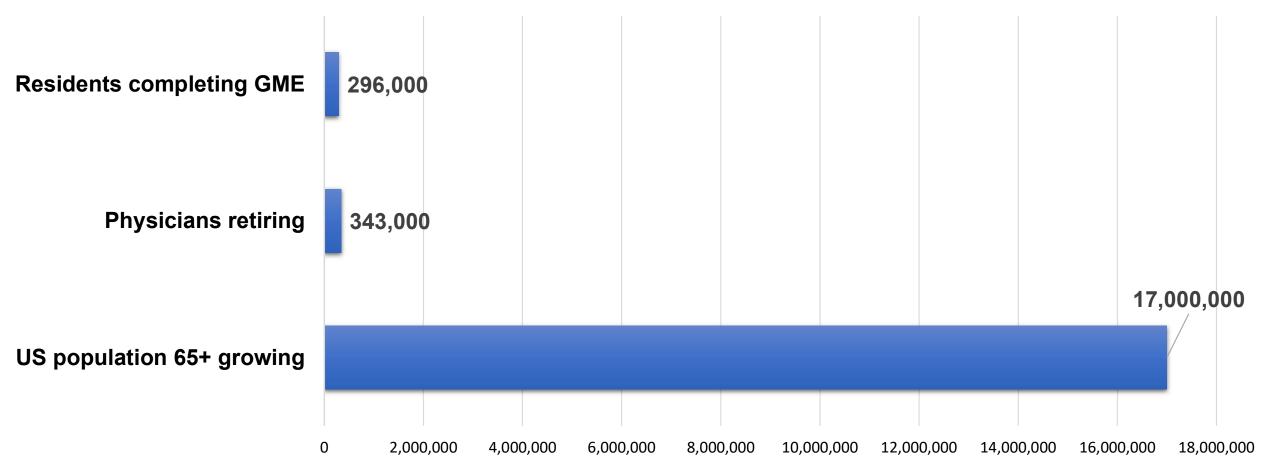






The Big Picture

Over the next 10 years







Here's what we can do

RESEARCH ACTION

- Physicians who provide care
 - Documenting inequity, highlighting needed change
 - Understand retirement, practice location
 - Understand the climate and culture of physician practice
 - COVID-19's impact
 - Continue to better understand shortages
- People who need care
 - Documenting inequity, highlighting needed change
 - COVID-19's impact
 - Continue to better understand shortages

- New directions for care
 - Sufficiently increase GME
 - Support practices in underserved areas
 - Diversify the workforce
 - Create more inclusive, equitable spaces
 - Humanize health care providers





AAMC Health Workforce Research Conference Research into Action: Social Justice & the Health Workforce

www.aamc.org/workforce

