

ANNUAL  
ADDRESS  
ON THE STATE  
OF THE  
PHYSICIAN  
WORKFORCE



# Annual Address on the State of the Physician Workforce

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- Alexay Crawford
  
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Workforce  
Projections

Workforce  
Diversity

COVID-19

Now  
What?



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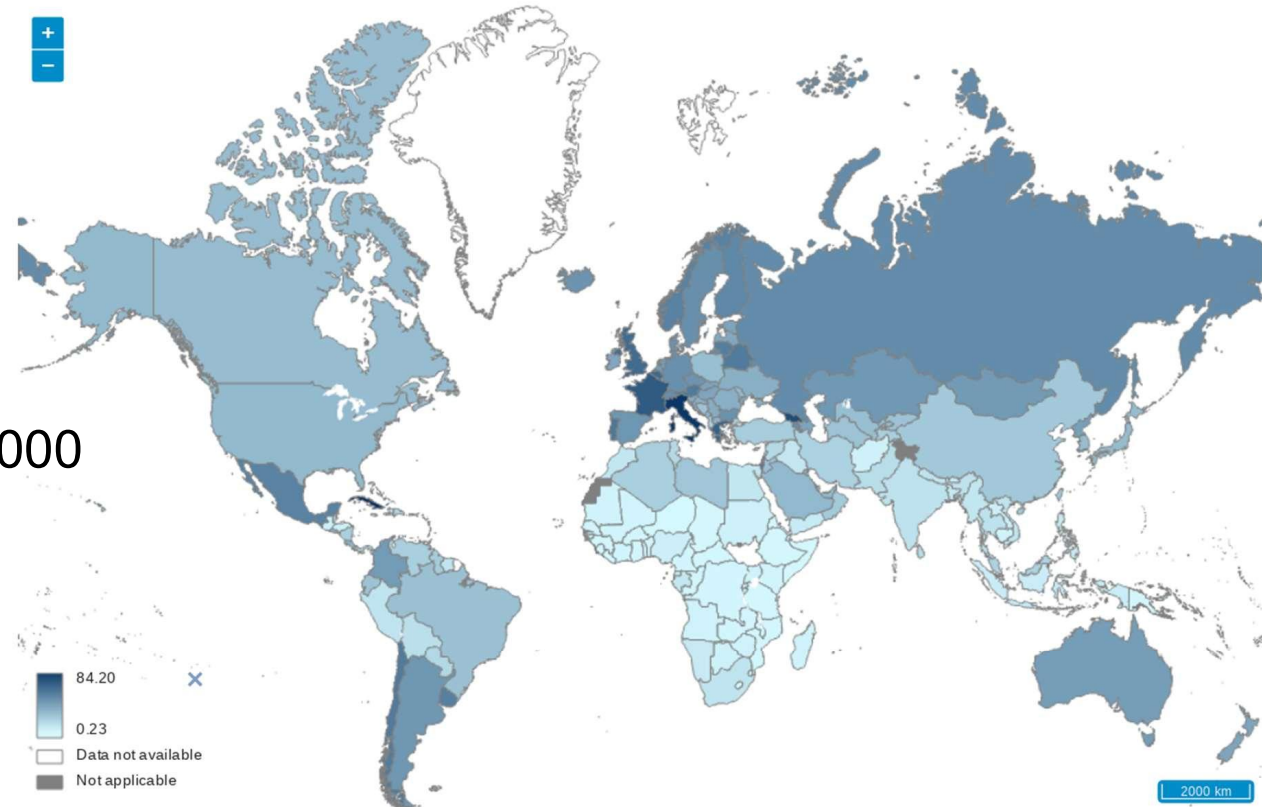


**You thought you had  
trouble finding a doctor  
before. Just wait...**



# Some global context

Physicians per 10,000 population



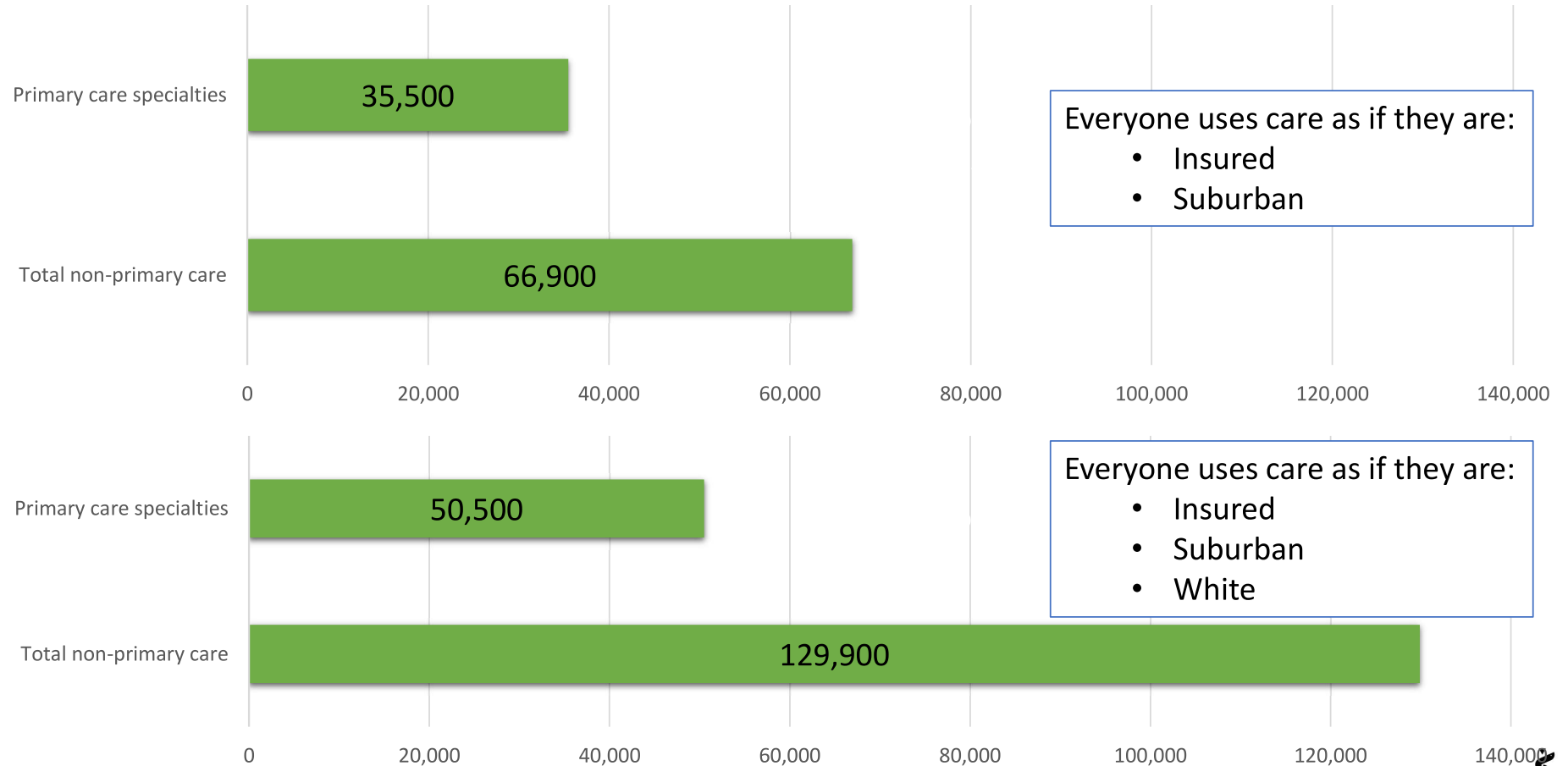
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.







# What would it take to achieve equity?



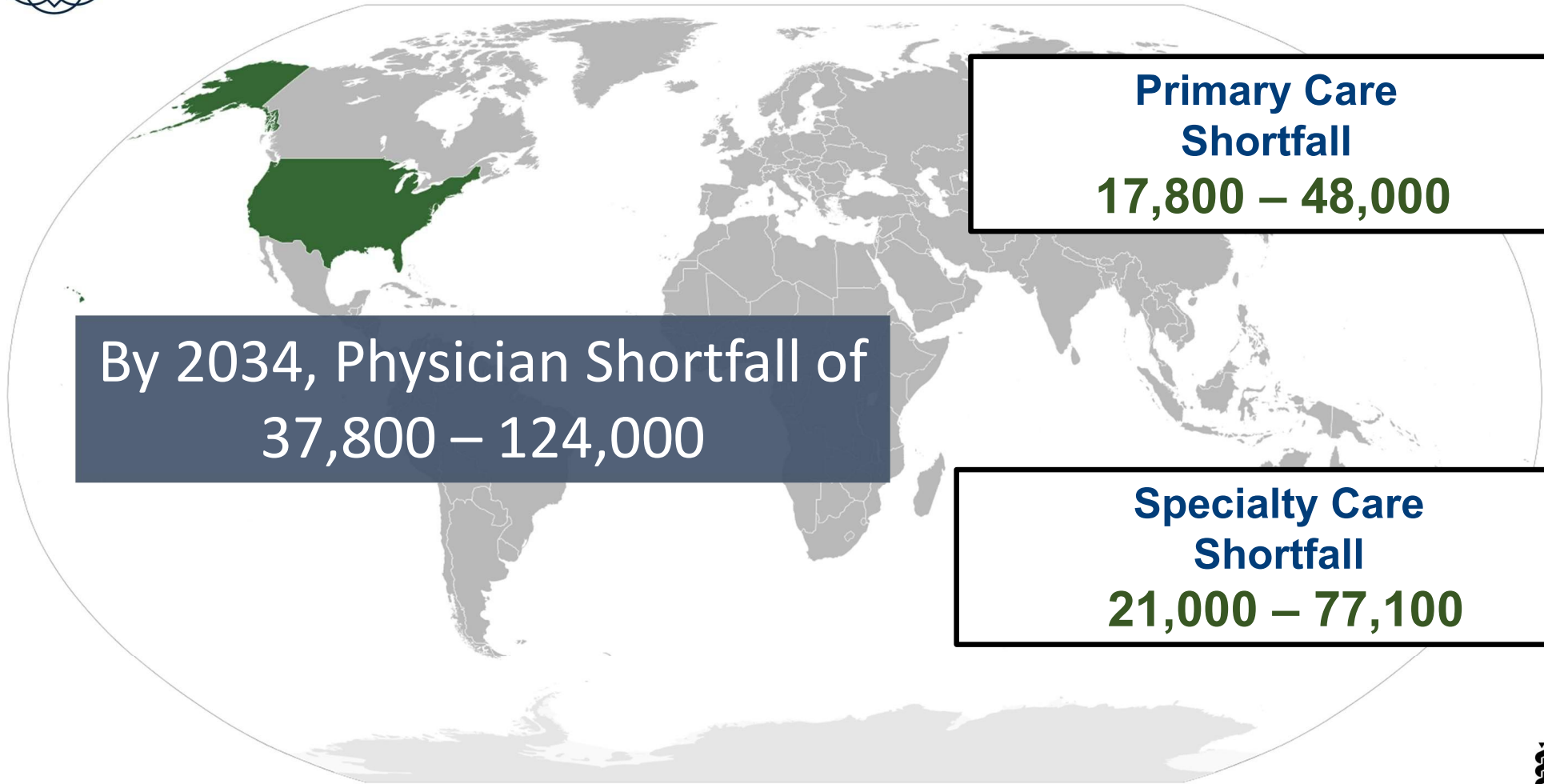
Everyone uses care as if they are:

- Insured
- Suburban

Everyone uses care as if they are:

- Insured
- Suburban
- White

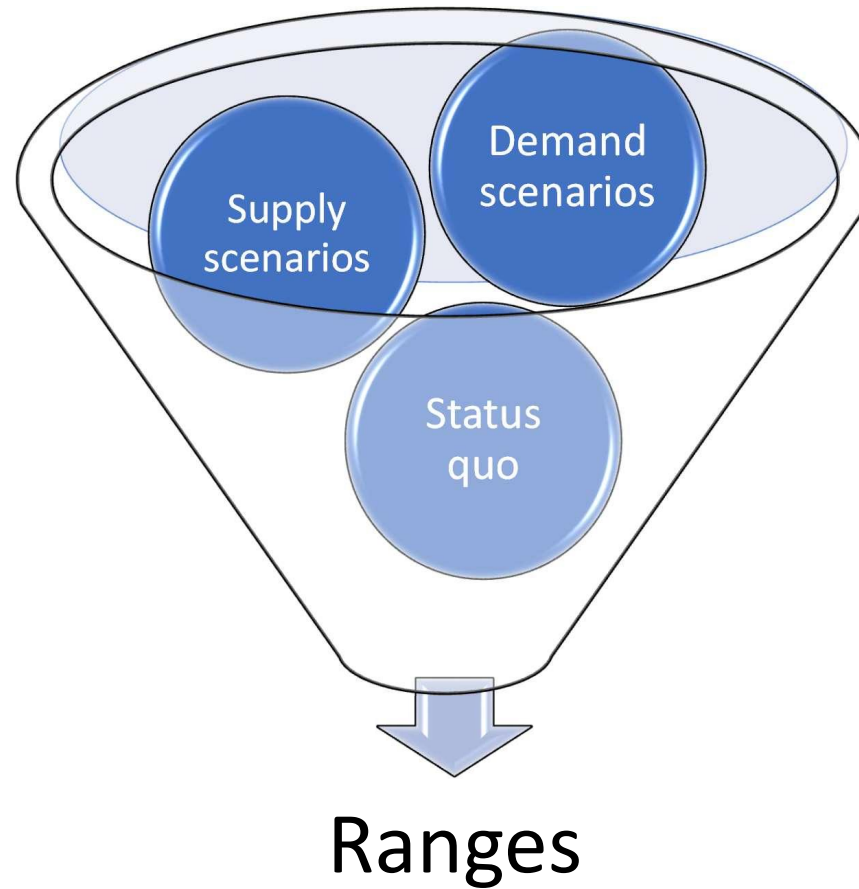




Source: The Complexities of Physician Supply and Demand: Projections from 2019 to 2034. \* Projections don't add up because of microsimulation model used.

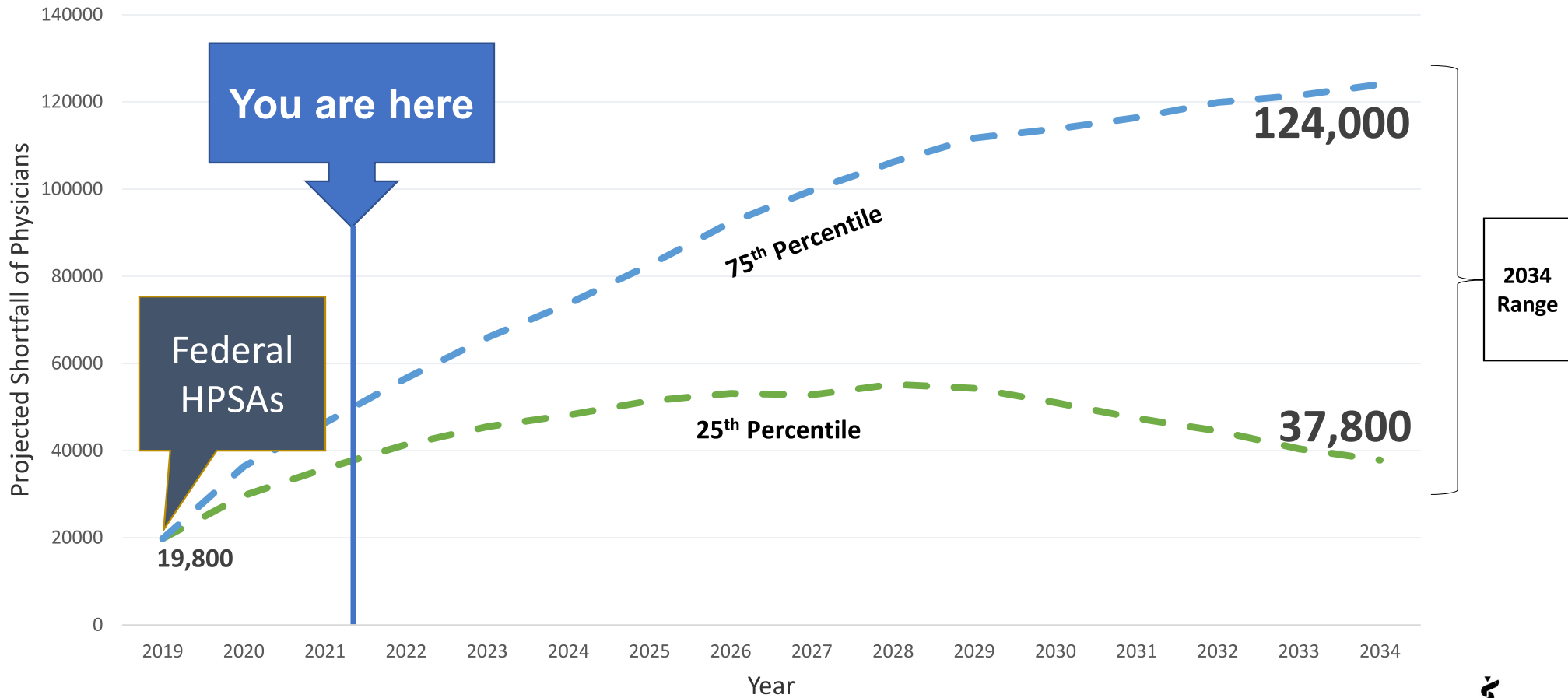


# We evaluate numerous scenarios





# Total Projected Shortfall Range, 2017-2032



Source: The Complexities of Physician Supply and Demand 2019 Update: Projections from 2017 to 2032.



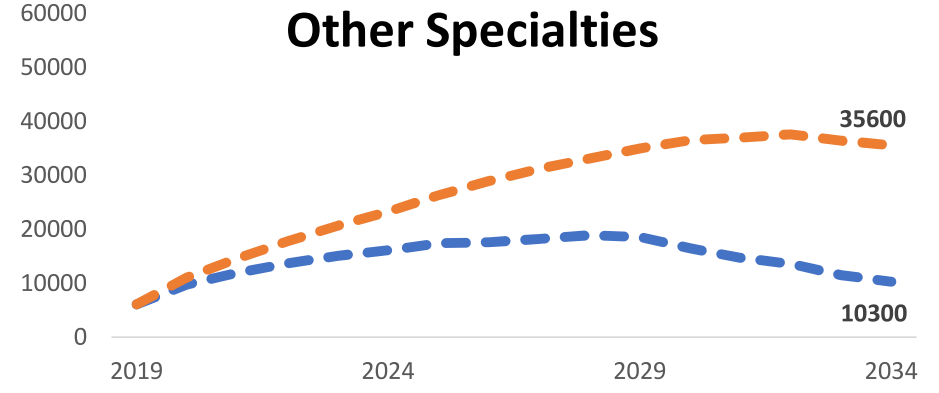
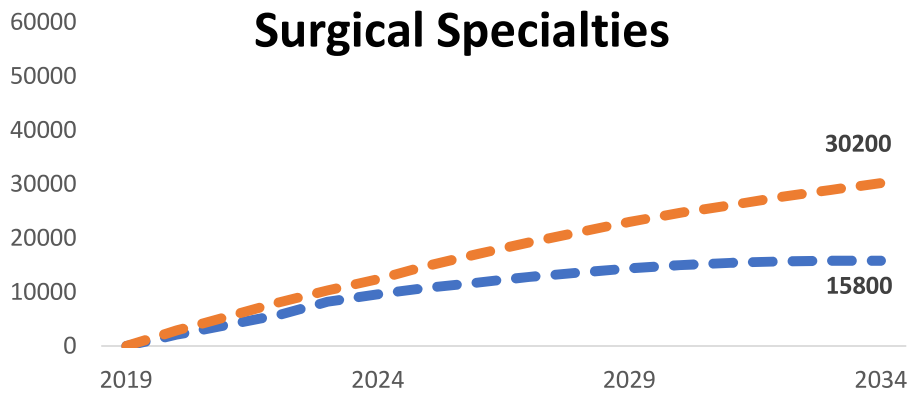
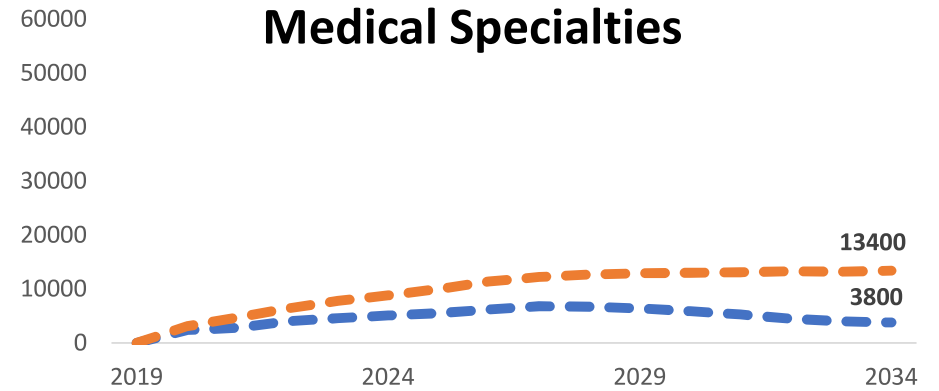
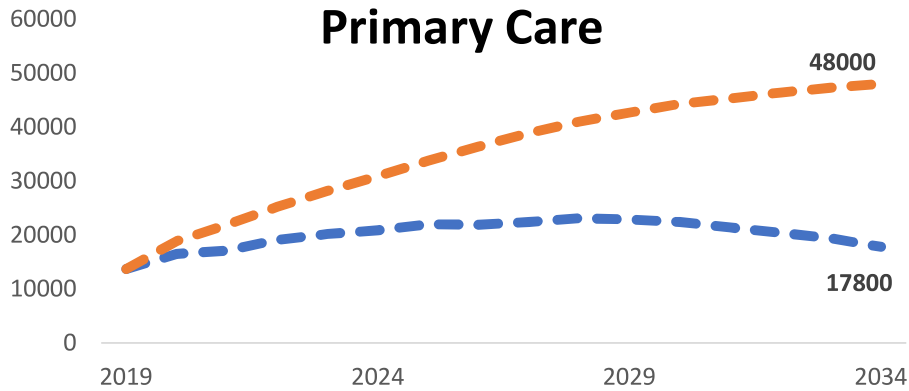
# What, if anything, changed since last year?

- ❖ 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



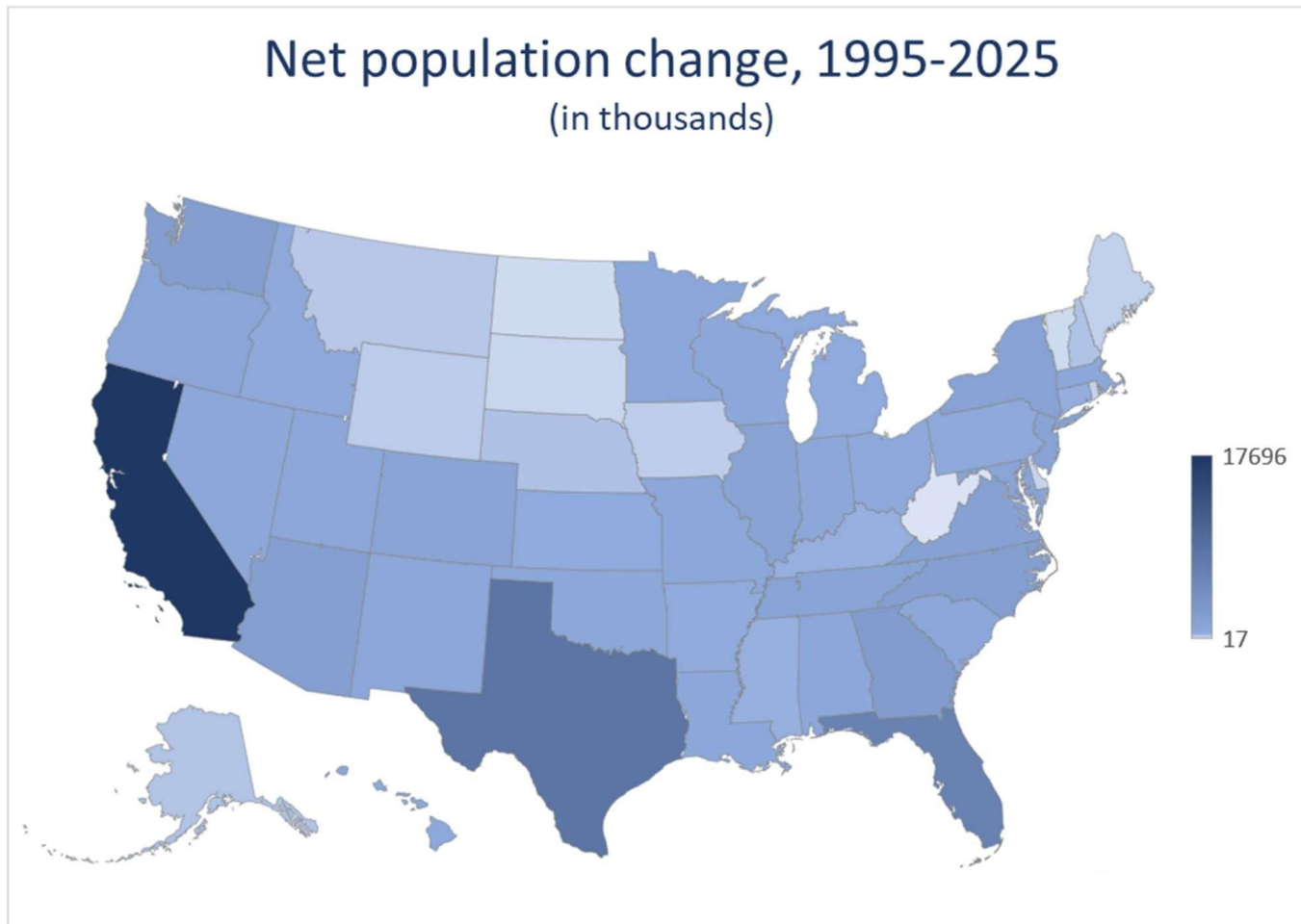
# Variations in shortage by Specialty Group



Source: The Complexities of Physician Supply and Demand: Projections from 2019 to 2034.

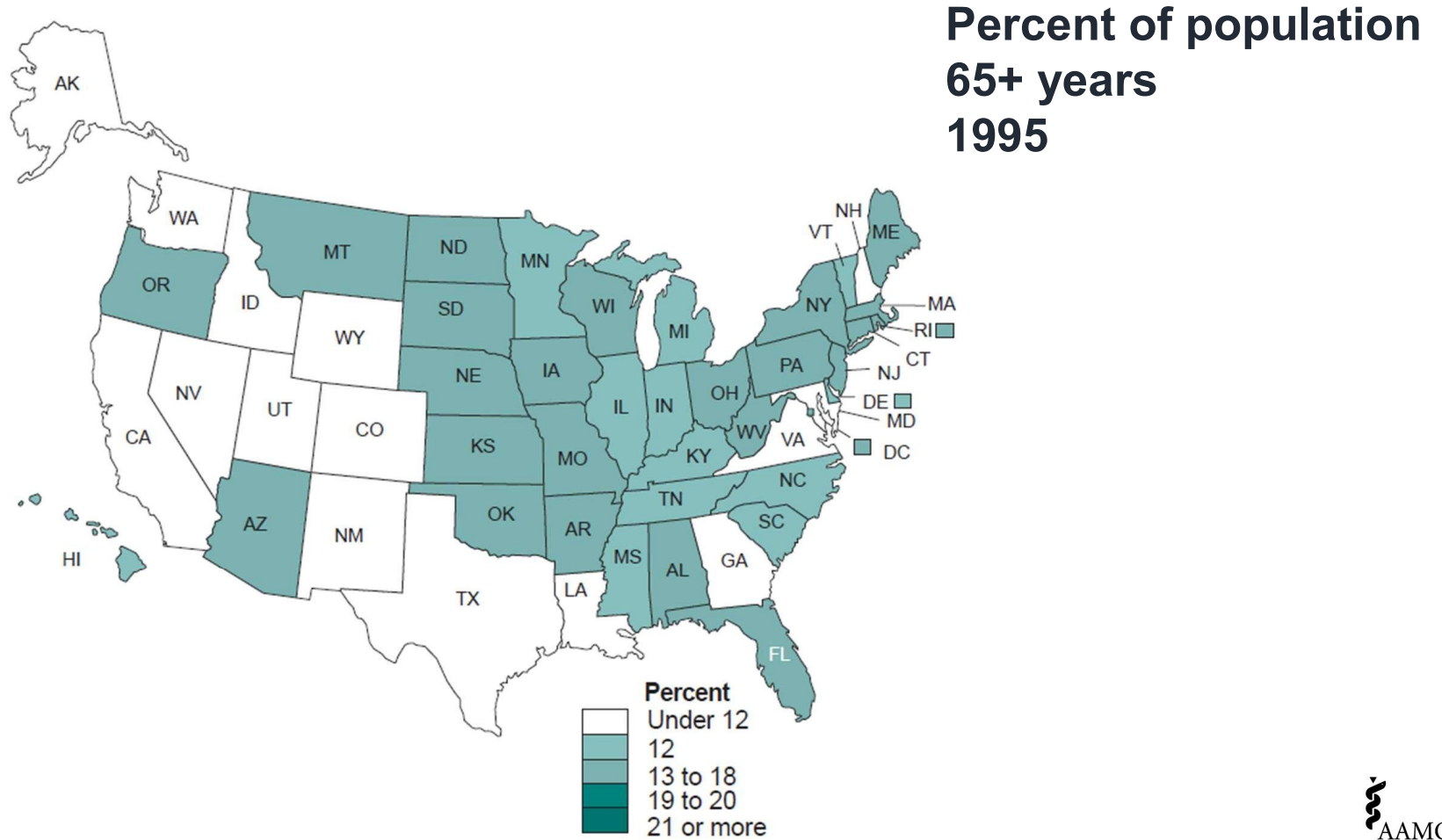


# We are growing in number...





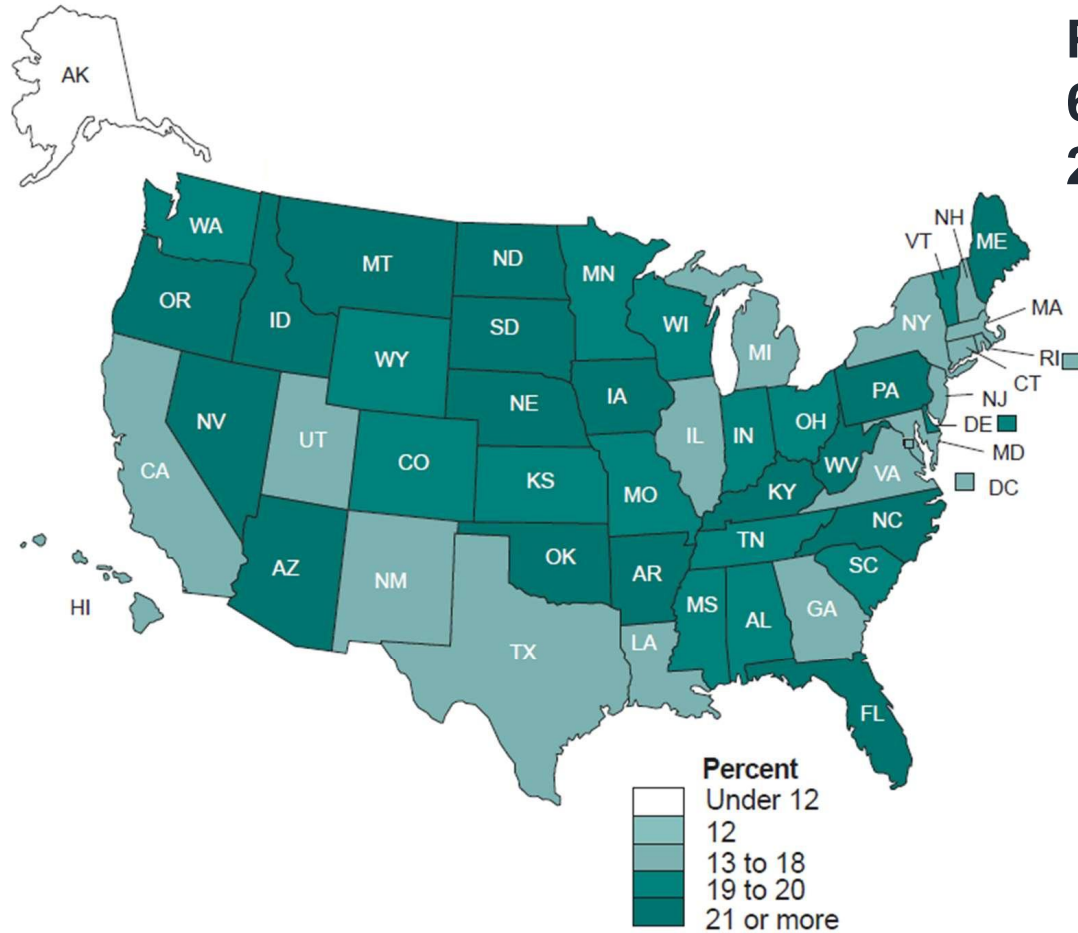
# And we are aging







# And we are aging

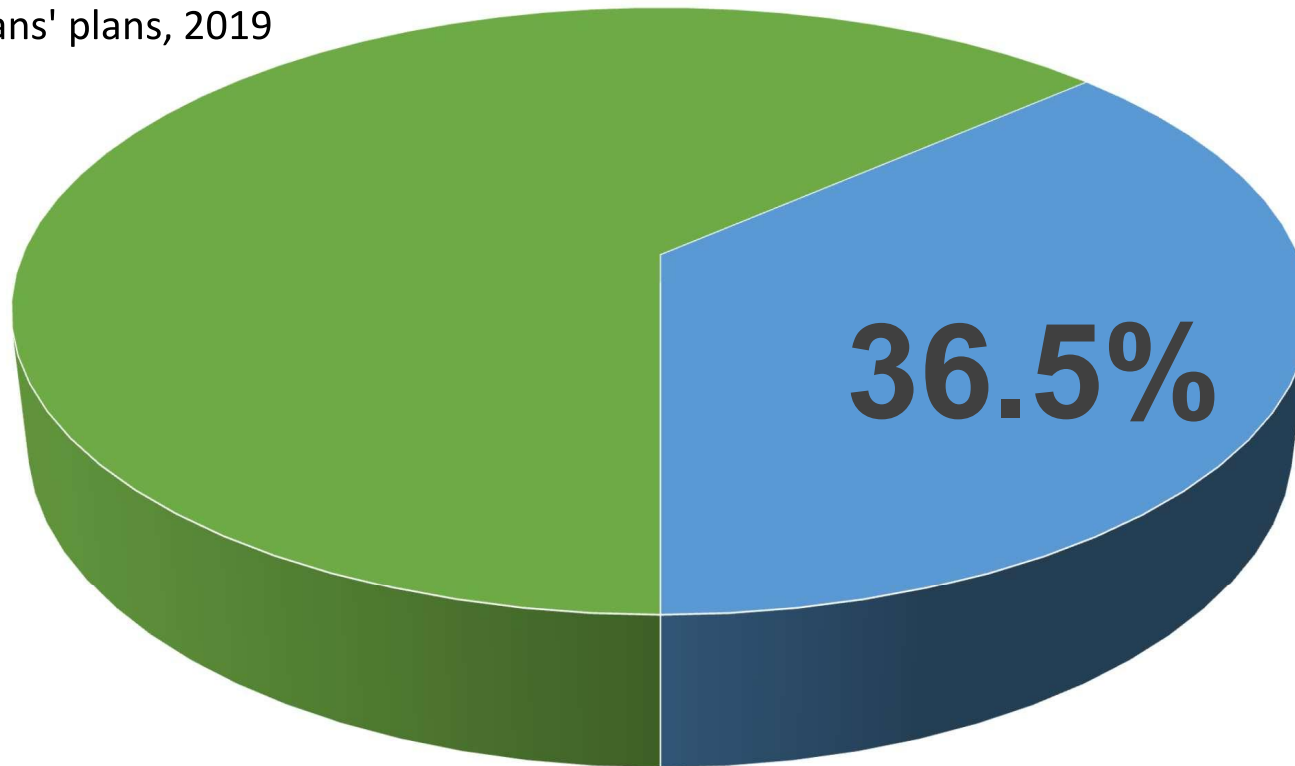


**Percent of population 65+ years 2025**



# A lot of physicians are planning to retire

Practicing physicians' plans, 2019



■ Still working in 2029   ■ Retired in 2029



Workforce  
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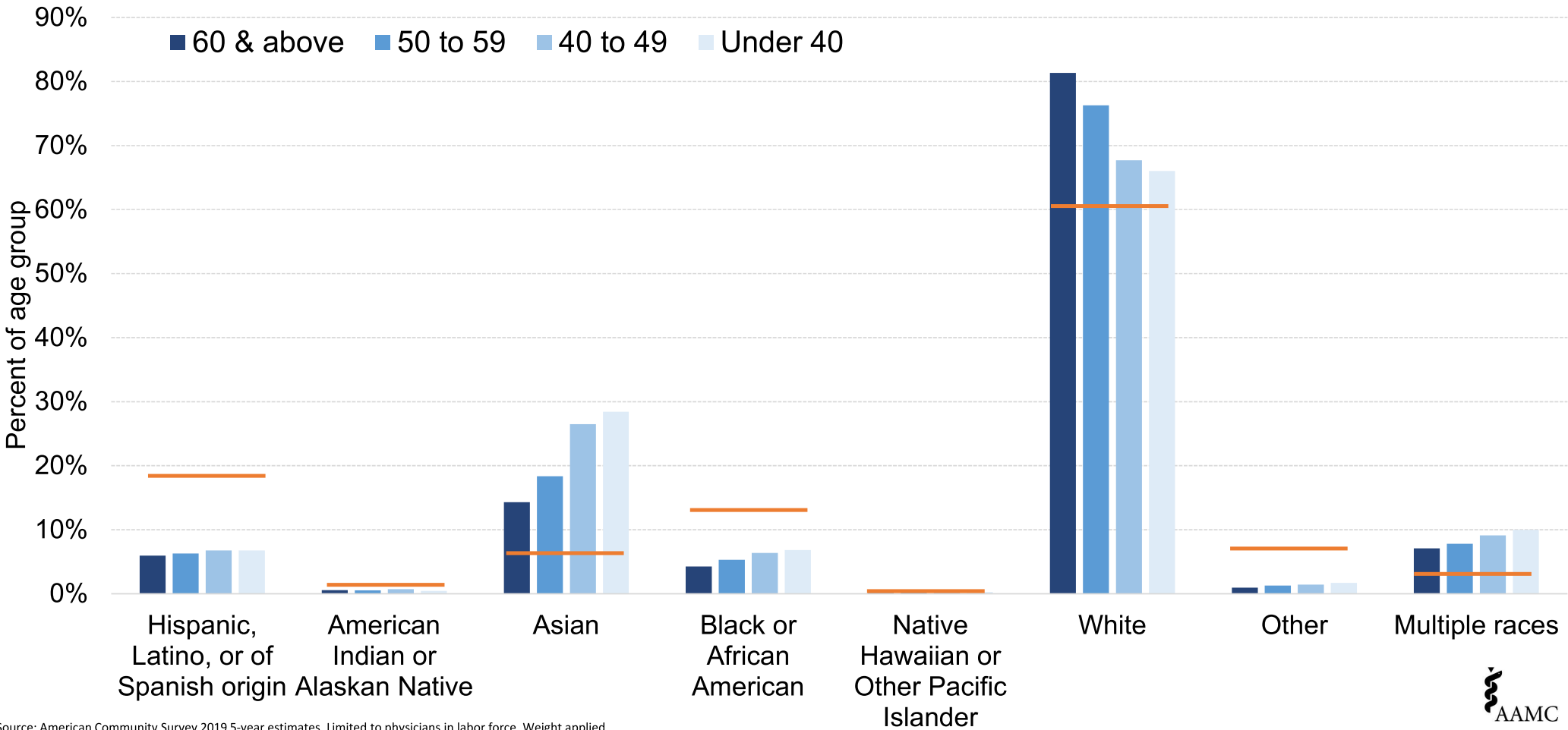
Now  
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**WITHOUT A DIVERSE  
WORKFORCE,  
WE HAVE NO WORKFORCE.**



# Is the workforce getting more diverse?

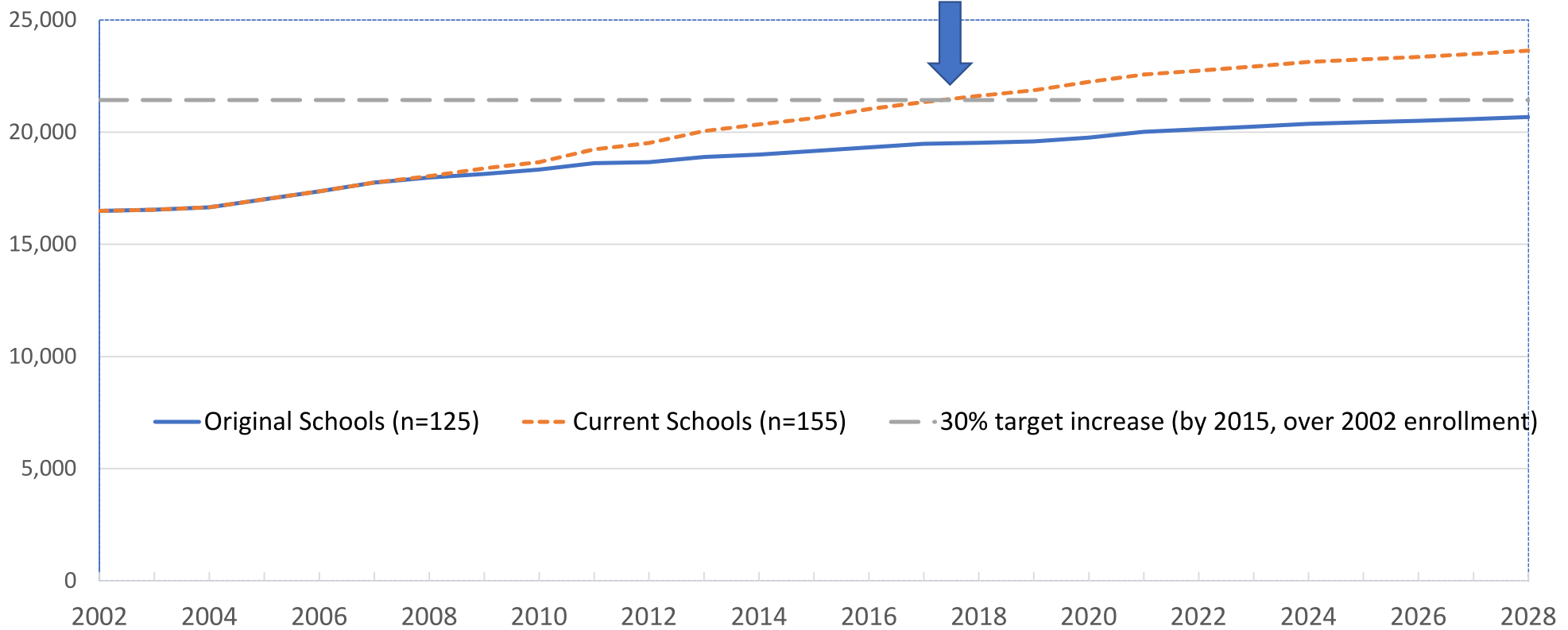


Source: American Community Survey 2019 5-year estimates. Limited to physicians in labor force. Weight applied.



# Medical school enrollment, past & projected, 2002-2028

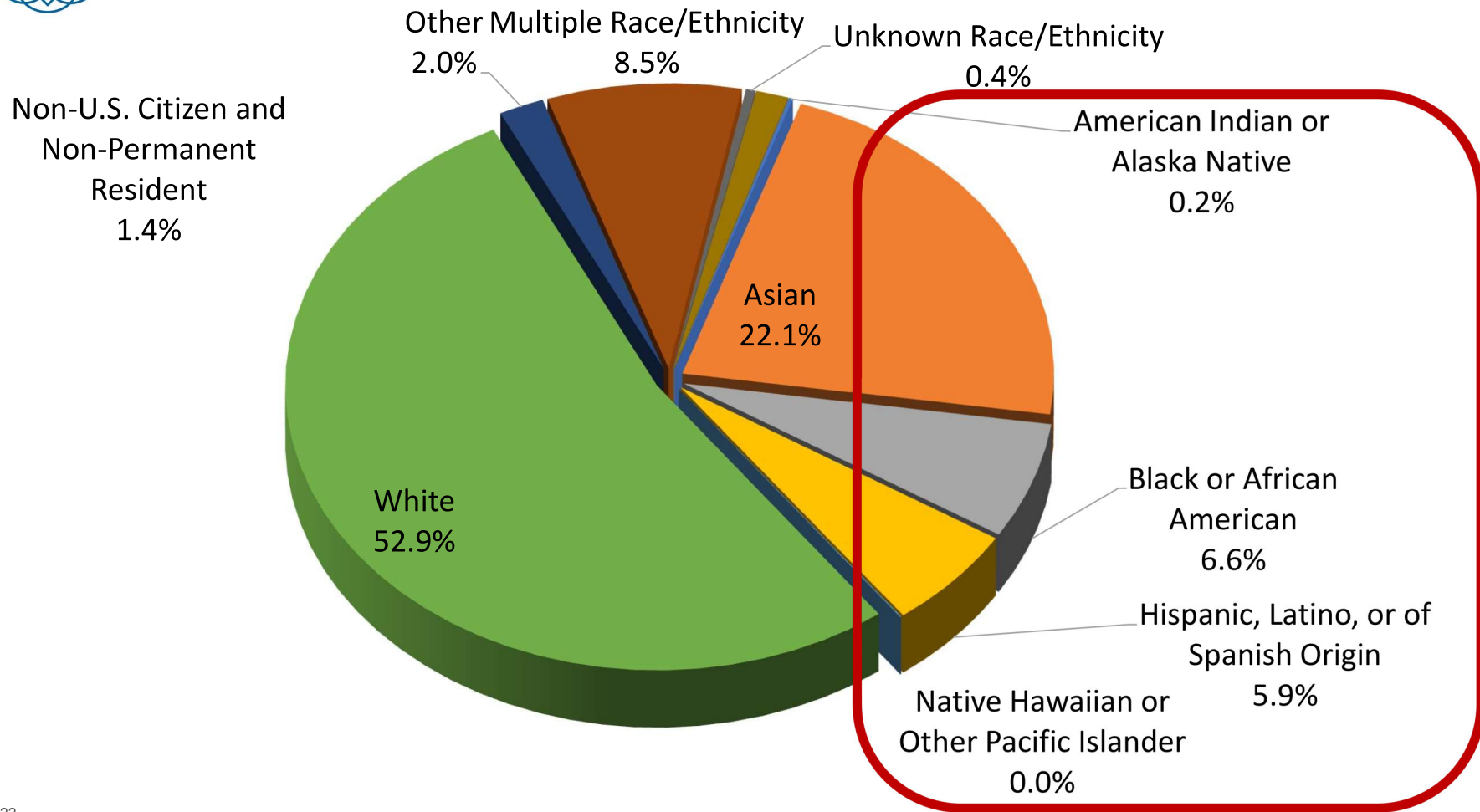
Enrollment Projected Through 2028



Note. \* Includes 152 MD-granting schools that have matriculated students and three MD-granting schools with preliminary accreditation that have not. These three schools are included in the enrollment projections displayed after 2019.  
Source: AAMC Medical School Enrollment Survey, 2020, Figure 3



## 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

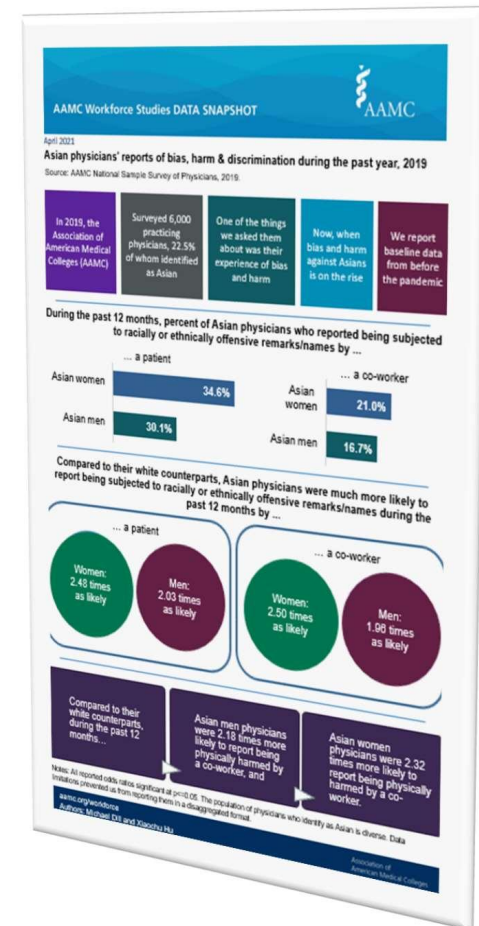
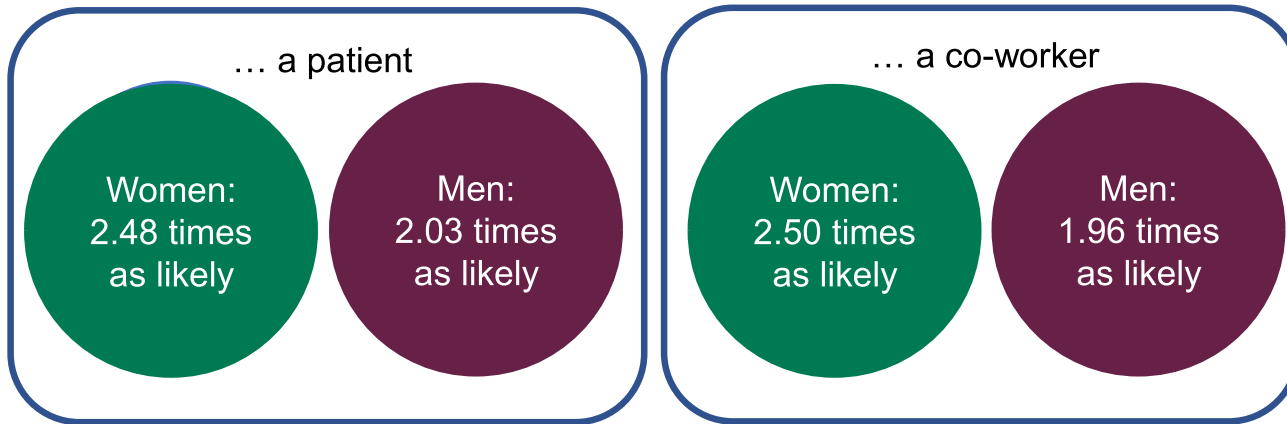
Zakia Nouri, MA; Michael J. Dill, MA; Sarah S. Conrad, MS; Christopher J. Moreland, MD, MPH; Lisa M. Meeks, PhD

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 ...



## 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.







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# COVID: Waves Crashing upon a Workforce Shore





# Fewer Private Practices

**CLOSED**

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

**16,000** private practices.

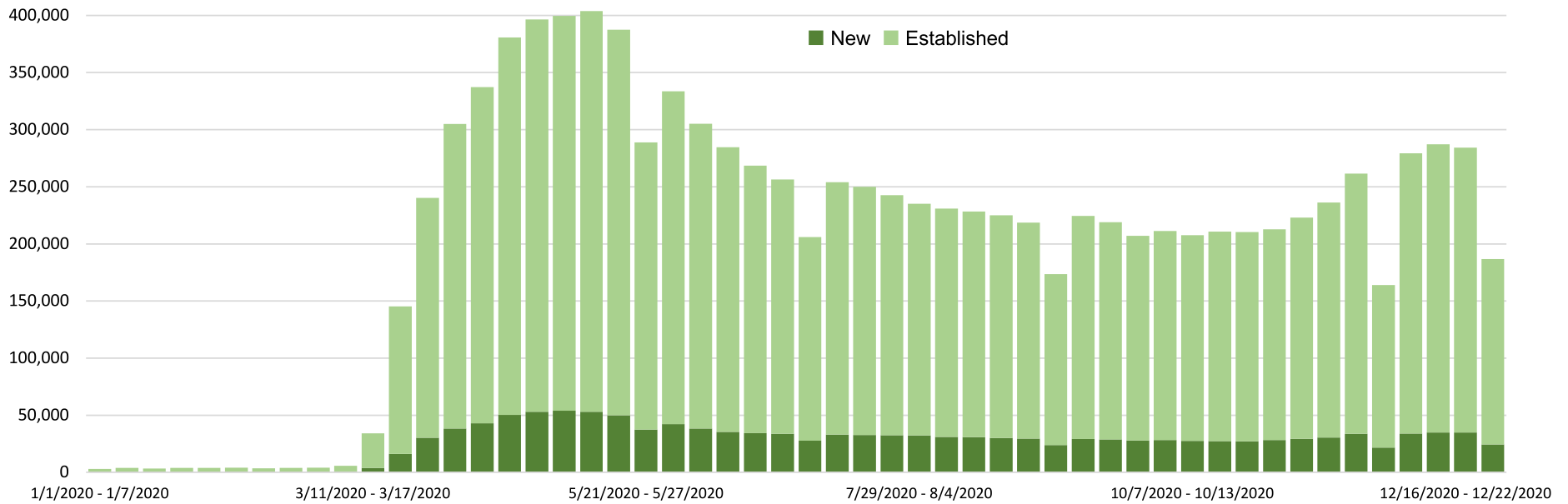






# Telehealth took over

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.

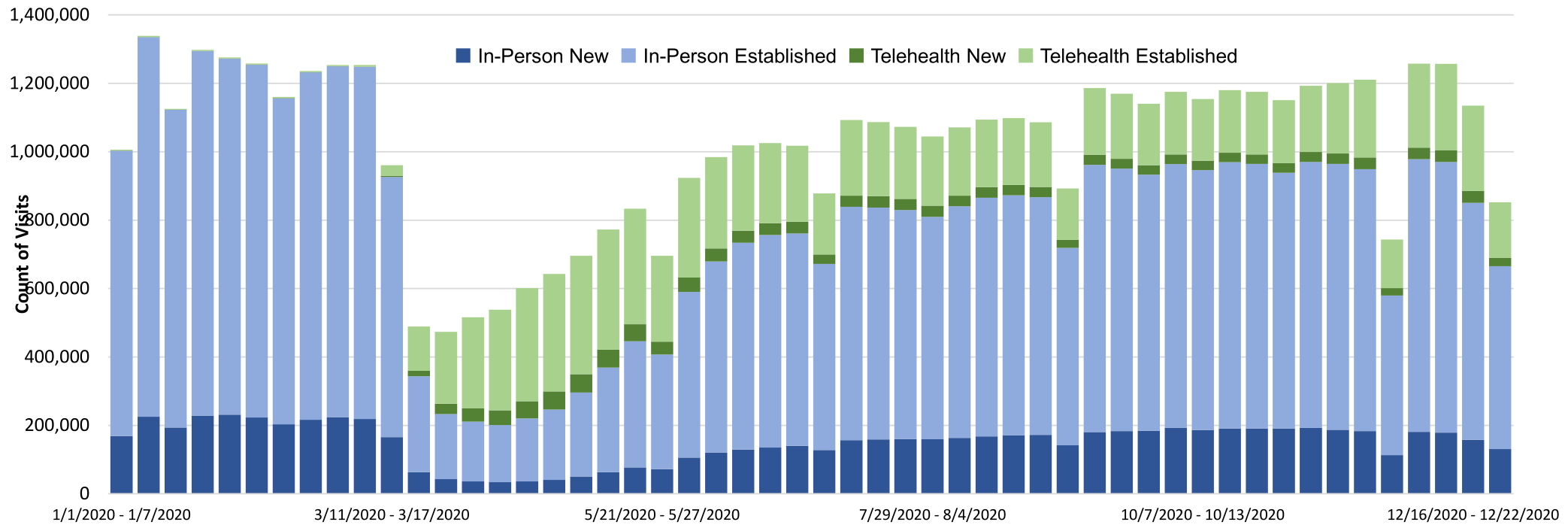
Note: 82 CPSC members had shared their claims data through December at the time of this analysis (July 2021). "E&M Utilization" includes all in-person and telehealth claims with CPT codes 99201-5 (new) and 99211-5 (established) across all applicable places of service, specialties, and payers. Telehealth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

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.

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[WEBMD HEALTH NEWS]

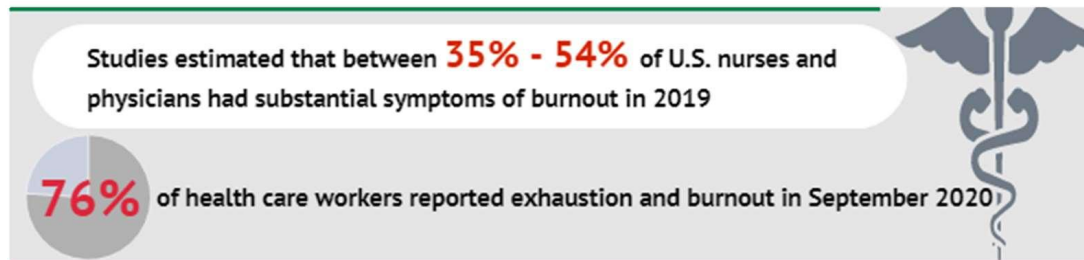
# Doctor Burnout Is Affecting Patients: Survey

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.

## 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



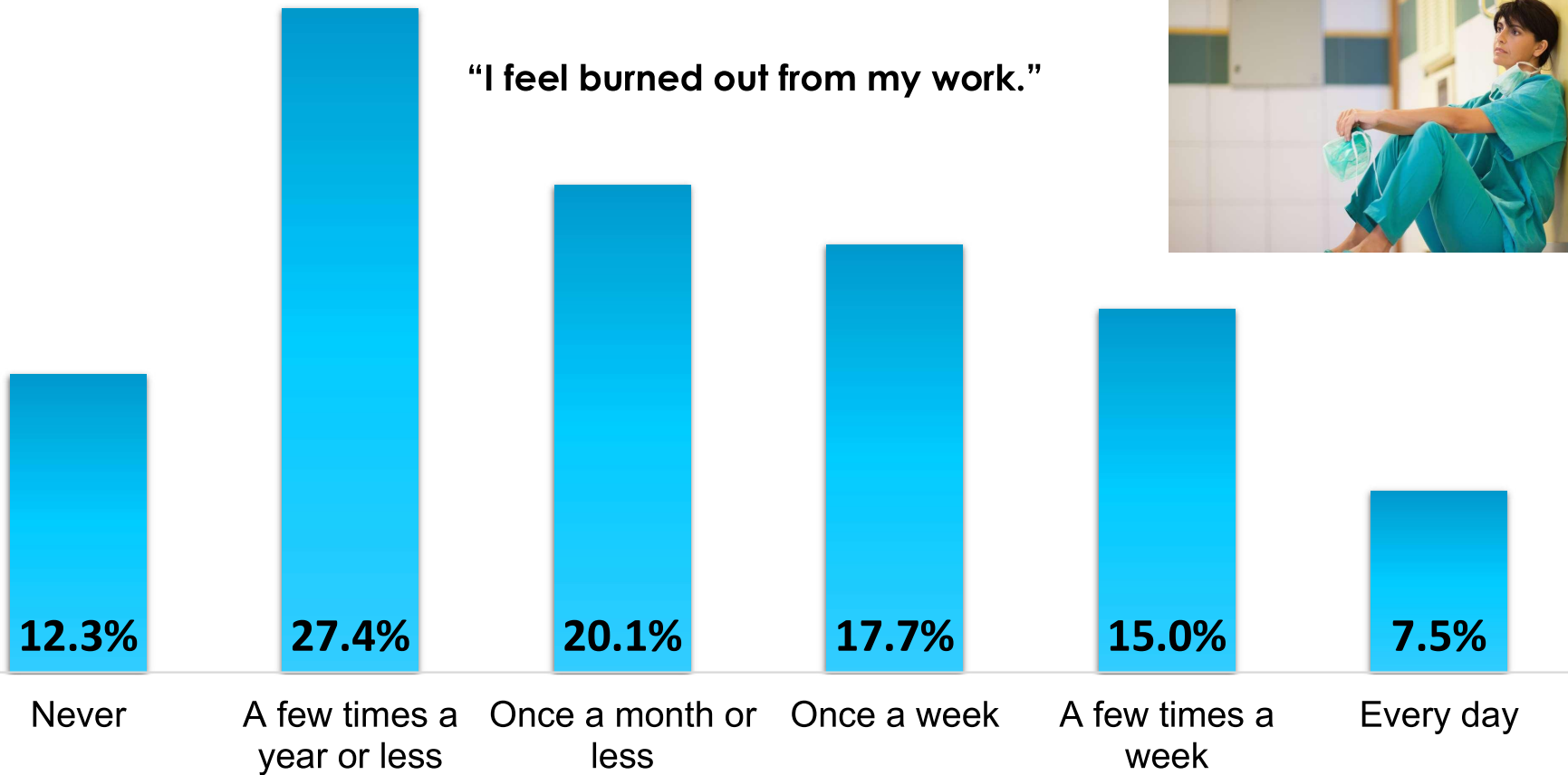
## More virus path to burnout; another surge pushing health workers to breaking point

by [Lara Farrar](#) | August 1, 2021 at 9:15 a.m.



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

“I feel burned out from my work.”



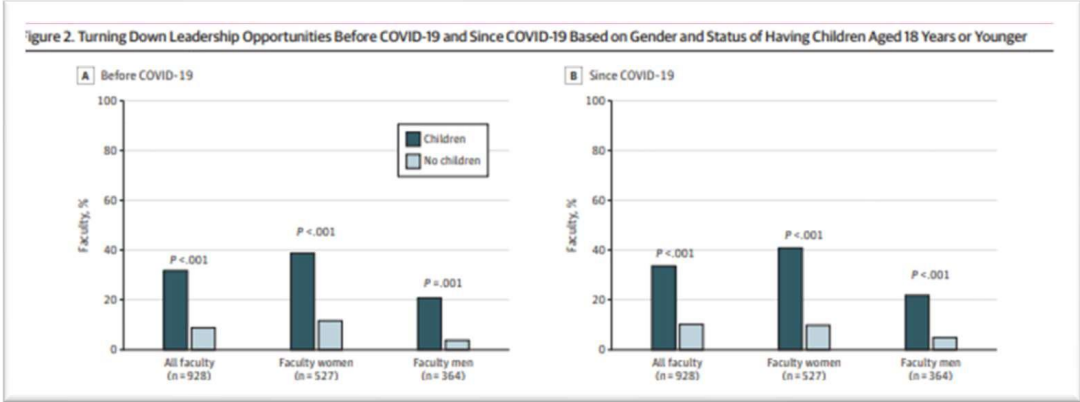
Source: AAMC National Sample Survey of Physicians, 2019



# 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<sup>a,b</sup> 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.

<sup>b</sup> Among female, full-time physicians.

<sup>c</sup> Among male, full-time physicians.

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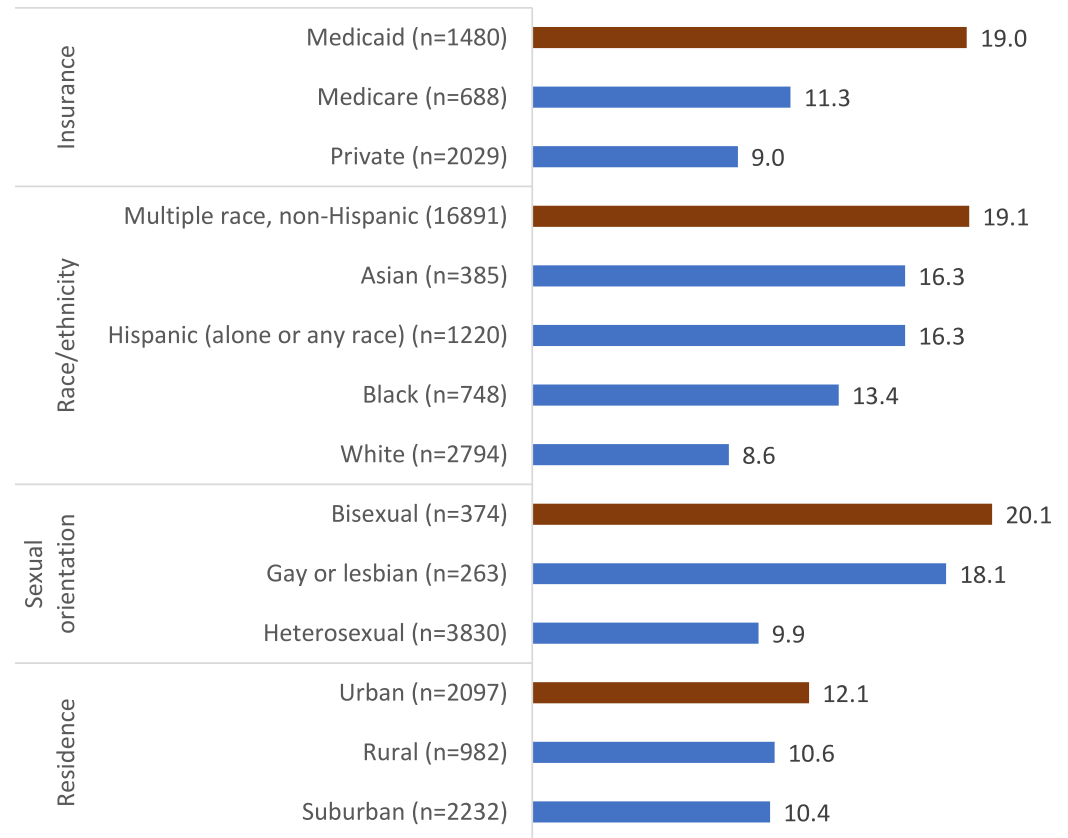
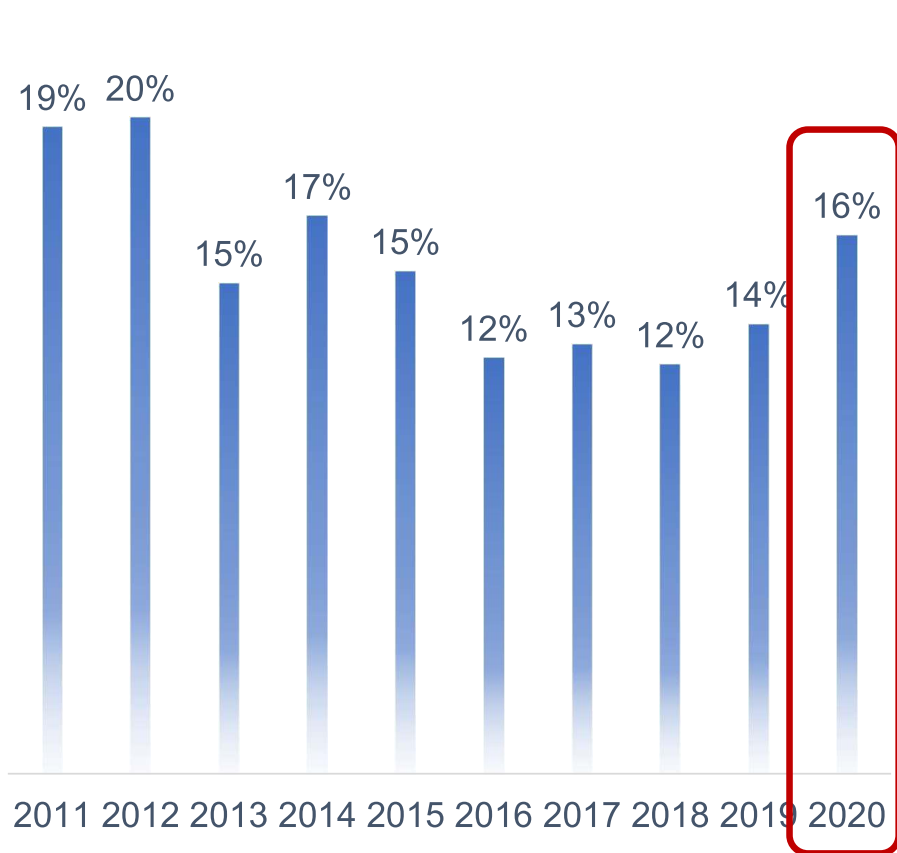
Coming soon...





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

PERCENT NOT ALWAYS ABLE TO GET CARE

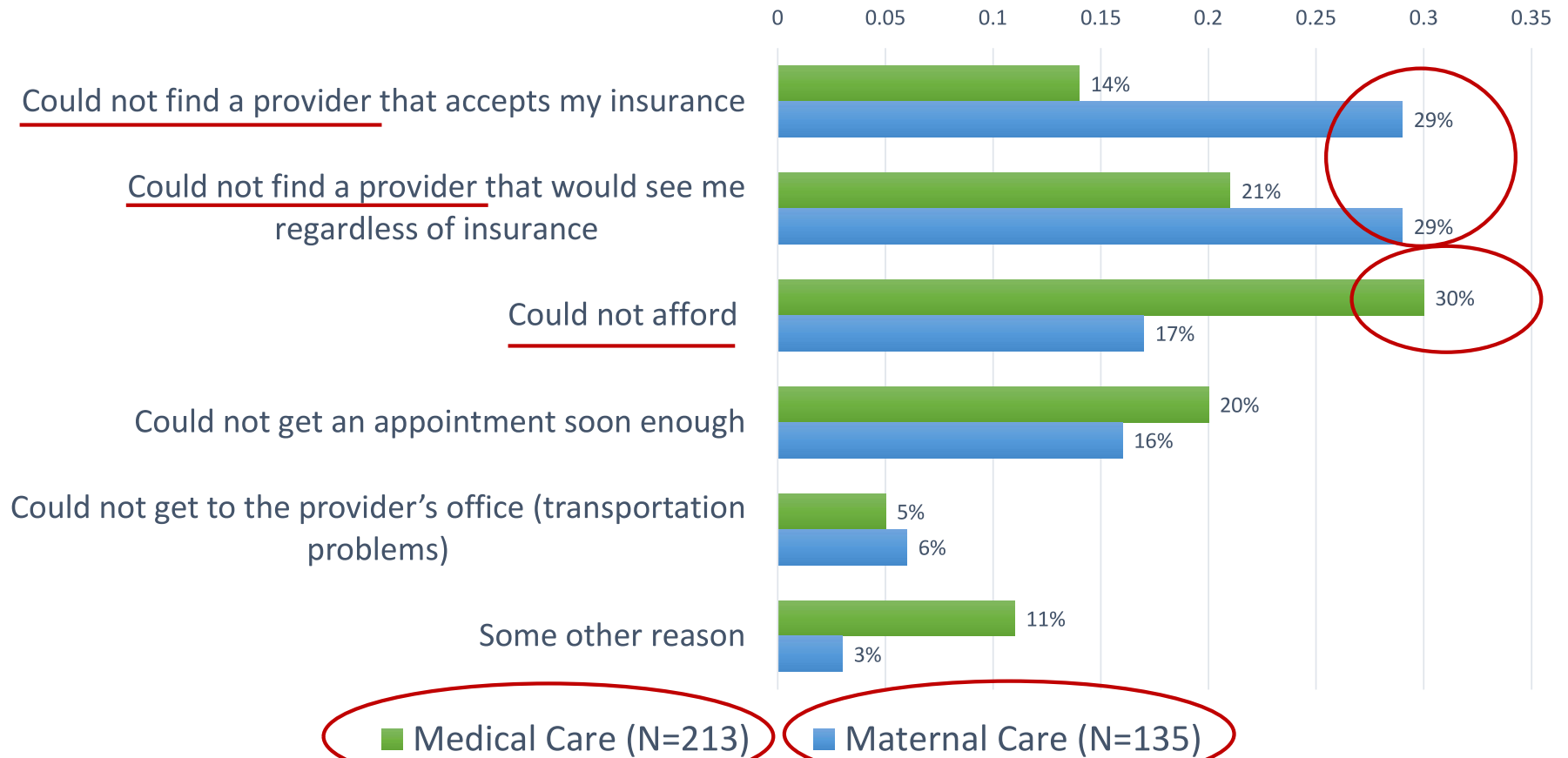


Source: AAMC Consumer Survey of Health Care Access, Waves 2-21.  
 Note: Figure 2 is calculated for individuals who were insured during their most recent need for medical care



# 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





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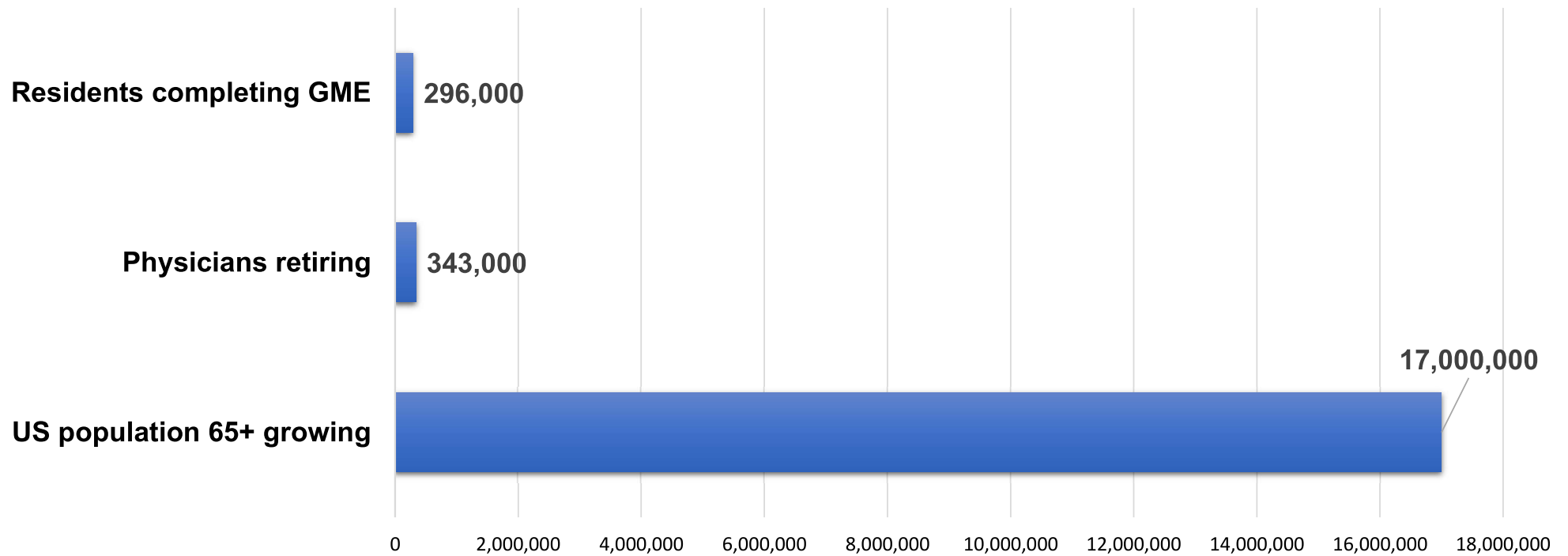
COVID-19

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# The Big Picture

## Over the next 10 years





# Here's what we can do

## RESEARCH

- 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

## ACTION

- 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](http://www.aamc.org/workforce)