The AAMC Workforce Studies Team

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The State of the Physician Workforce

- Shortages
- New data
- Getting care
- Changes
- Reports & resources
By 2032, Physician Shortfall of 46,900 – 121,900

Primary Care Shortfall
21,100 – 55,200

Specialty Care Shortfall
24,800 – 65,800

We evaluate numerous scenarios

- Retail clinics grow
- Managed care expands
- APRNs & PAs moderate demand impact
- APRNs & PAs high demand impact
- Physicians retire earlier
- Physicians retire later
- Work hours continue to decline
- Address population health
- Stay the same (status quo)

Total Projected Shortfall Range, 2017-2032

Projected Shortfall of Physicians

Year


Primary Care Projected Shortfall Range, 2017-2032

Medical Specialist Projected Shortfall Range, 2017-2032

Surgical Specialist Projected Shortfall Range, 2017-2032

Other Specialist Projected Shortfall Range, 2017-2032

Projected Shortfall of Physicians

Year


Federal HPSAs

75th Percentile

25th Percentile

20,600

39,100

Size & range of projected physician shortages varies by specialty group

<table>
<thead>
<tr>
<th>Specialty Group</th>
<th>2017</th>
<th>2022</th>
<th>2027</th>
<th>2032</th>
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<tbody>
<tr>
<td>Primary Care</td>
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<td>Surgical Specialties</td>
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<td>Other Specialties</td>
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The false dichotomies

- Urban
- Rural
- Shortage
- Distribution
Physician demand by metro/non-metro location, 2017

The real distribution story is complex – and inclusive


Primary care physicians/1,000 population (2018)
Understanding distribution requires context
Context is often complex

Content removed to protect data.
Local context = insight

Content removed to protect future publication options.
Distribution is a multidimensional issue

Content removed to protect data.

Source: AMA Masterfile.
Take-aways

Shortage is already here

Shortage is growing

“And” not “Against”
Legislation to Address the Physician Shortage

Addressing the doctor shortage requires a multi-pronged approach, including increasing federal support for GME, which has remained effectively frozen since 1997. The AAMC supports the Resident Physician Shortage Reduction Act of 2019 (S. 346, H.R. 1763), which would add 15,000 residency slots over five years.

DOWNLOAD THE SENATE VERSION (PDF)

DOWNLOAD THE HOUSE VERSION (PDF)

The Opioid Workforce Act of 2019 (H.R. 3414) would provide Medicare support for an additional 1,000 GME positions over the next five years in hospitals that have, or are in the process of establishing, accredited residency programs in specialties needed to respond to the opioid epidemic.

DOWNLOAD THE OPIOID WORKFORCE ACT (PDF)

https://www.aamc.org/advocacy-policy
Preventing a significant doctor shortage

By 2032, there will be up to 121,900 FEWER physicians than needed.

You've done your part by dedicating your life to helping others. Medical schools are expanding enrollment to meet these needs.

Now elected officials in Washington need to step up.

Learn more about how AAMC Action is fighting to protect graduate medical education (GME) funding.

https://www.aamcaction.org/
The State of the Physician Workforce

Shortages
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A Day in the Life

AAMC National Sample Survey of Physicians, 2019

Music & lyrics: Lennon & McCartney.
Data collection

- Collected in 2019
- Nationally representative sample (n=6,000)
- Sample stratified by age, sex and specialty group
Survey Content

- Demographics
- Academic affiliations and CME
- Work time
- Retirement plans
- Practice characteristics
- Well-being
- Medical education debt
“I read the news today, oh boy”
Physicians are aging – just like the population

Content removed to protect future publication options.

Most physicians are from the ‘burbs

Content removed to protect future publication options.

The rising diversity in the physician workforce (is not that diverse)

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Content removed to protect future publication options.

So much that we are learning!
The context in which physicians work is varied

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Younger physicians work in different types of places

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Physicians are mostly in the same specialty groups

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The physician workforce & AAMC

Content removed to protect future publication options.
“And though the news was rather sad”
Physicians are burning out, and it affects their empathy.

Content removed to protect future publication options.

Most physicians feel burnt out once a month or less

Content removed to protect future publication options.

Satisfaction varies across topics

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If you could do it all over again, how likely is it you would still want to become a doctor?

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Well-Being in Academic Medicine: Resources for Faculty

Well-being in academic medicine has emerged as a critical issue facing faculty, researchers, residents, and students. The AAMC has issued a statement on clinician well-being (PDF), and participates in the National Academy of Medicine’s Action Collaborative on Clinician Well-Being and Resilience, a network of 150 (and growing) organizations dedicated to promoting clinician well-being across all career stages and specialties. The following resources help explain and address the challenges.

*Please let us know* if you have any suggested books, articles, or other resources to share with your colleagues and we will consider including on these pages.

**The Latest in Well-Being**

- Clinician Well-Being Knowledge Hub Case Studies [National Academy of Medicine](https://www.aamc.org/news-insights/wellbeing/faculty)
- Physician burnout: Why legal and regulatory systems may need to step in [The Conversation](https://www.aamc.org/news-insights/wellbeing/faculty)
- What’s Doctor Burnout Costing America? [NPR](https://www.aamc.org/news-insights/wellbeing/faculty)

https://www.aamc.org/news-insights/wellbeing/faculty
Loans seen as investment

Content removed to protect future publication options.

Feelings about loans vary by age

Content removed to protect future publication options.

“A crowd of people turned away”
Physicians suffer sexual harassment from coworkers

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Physicians suffer sexual harassment from patients

Content removed to protect future publication options.

Physicians are subject to sexist remarks

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Almost half of female physicians, and almost a quarter of male physicians, report experiencing sexual harassment in some form.

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Eliminating sexual and gender harassment in academic medicine will require a multipronged approach that includes a firm commitment by leaders to end gender inequities, effective institutional policies that support reporting and thorough investigations, and the training of staff, leaders, and learners to prevent harassment and intervene when appropriate. Below are a few resources shared with member institutions during the 2019 Leadership Forum.

The following AAMC resources contain key terms, findings, recommendations, and general information from the National Academies of Science, Engineering, and Medicine (NASEM) report Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and Medicine. The full report is available on the NASEM website along with related resources such as:

- Infographic on Preventing Sexual Harassment in Academia
- Handout on Interventions for Preventing Sexual Harassment
- Iceberg of Sexual Harassment infographic
- Iceberg of Sexual Harassment poster

https://www.aamc.org/what-we-do/mission-areas/diversity-inclusion
“Found my way downstairs and drank a cup”
Physicians work a lot

Content removed to protect future publication options.

Quite a bit of patient care is not *direct* patient care

Content removed to protect future publication options.

Use of telehealth

Content removed to protect future publication options.
Effect of telehealth

Content removed to protect future publication options.
Openness to telehealth

Content removed to protect future publication options.

“And everybody spoke and I went into a dream”
What does retirement look like?
Many paths to retirement

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Physician retirements are rising

Source: AMA Masterfile year end 2005-year end 2018. Notes: Figures are three-year rolling averages. Only counts those who move to fully retired TOP='071'.
Physician retirements will affect workforce diversity

Content removed to protect future publication options.

Physician retirements will affect distribution

“Now they know how many holes it takes to fill the Albert Hall”
Misguided paradigms

Lack of evidence base
An evolving health care system has many moving parts

- Status quo
- Population Health
- Managed Care
- Addressing Unmet Behavioral Health Needs
- Reducing Avoidable Hospital Admissions & ED Use
- APRN/PA Supply Growth

Location decisions based on more than where physicians grew up, trained

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Projections of local area physician supply reveal a need to look outside the (old) box

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How good an investment those loans were is NOT related to specialty choice

Content removed to protect future publication options.

Take-aways

Most physicians do not report being burnt out or sexually harassed, but many do.

Much of physicians' time is not in direct in-person care.

Physicians are retiring, with multi-dimensional effects.
The State of the Physician Workforce

- Shortages
- New data
- Getting care
- Changes
- Reports & resources
People who need care are not getting it
Millions of Americans cannot always get care when they need it

12% of U.S. adults (>30 million people) could not always get care

Source: AAMC Consumer Survey of Health Care Access Wave 18, June 2019
Access has improved, but it is not the same for everyone

**Table: Percent Not Always Able to Get Care**

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19%</td>
<td>20%</td>
<td>17%</td>
<td>16%</td>
<td>17%</td>
<td>15%</td>
<td>12%</td>
<td>13%</td>
</tr>
</tbody>
</table>

**Graph:**

- **Insurance:**
  - Medicaid (n=869): 13.7%
  - Medicare (n=530): 10.8%
  - Private (n=2186): 9.7%

- **Race/Ethnicity:**
  - Multiple race, non-Hispanic (n=79): 20.4%
  - Hispanic (alone or any race) (n=723): 17.4%
  - Black (n=561): 15.0%
  - Asian (n=220): 10.5%
  - White (n=3291): 6.9%

- **Sexual Orientation:**
  - Bisexual (n=218): 18.7%
  - Gay or lesbian (n=169): 14.7%
  - Heterosexual (n=4506): 9.0%

- **Residence:**
  - Urban (n=1510): 11.9%
  - Rural (n=1111): 9.6%
  - Suburban (n=2317): 8.5%

**Source:** AAMC Consumer Survey of Health Care Access, Waves 2-16 & Wave 16
Urban respondents who accessed behavioral or mental health care reported longer travel time to their provider.

Among respondents who accessed behavioral or mental health care, time spent traveling to provider:

- Less than 30 minutes:
  - Urban: 46%
  - Suburban: 53%
  - Rural: 62%

- 30-60 minutes:
  - Urban: 44%
  - Suburban: 34%
  - Rural: 28%

- More than an hour:
  - Urban: 7%
  - Suburban: 7%
  - Rural: 6%

Source: AAMC Consumer Survey of Health Care Access
The magnitude of unmet need

What if barriers disappeared? How much more utilization (in 2017) 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?
Physicians needed to achieve health care utilization equity, 2017

Scenario 1: 30,800
Scenario 2: 95,900

Physicians needed to achieve health care utilization equity, 2017

- **Primary care**
  - Scenario 1: 9,500
  - Scenario 2: 19,600

- **Specialty care**
  - Scenario 1: 21,300
  - Scenario 2: 76,300

Take-aways

People who need care are not getting it

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

Addressing inequities in access could require a large number of physicians
Workforce Resources

AAMC Consumer Survey of Health Care Access

Twice each year, the AAMC fields a Consumer Survey of Health Care Access to assess access to health care services in the United States. Emphasizing a consumer perspective, the AAMC Consumer Survey complements our ongoing research on the physician workforce. Significantly, the AAMC Consumer Survey takes an inclusive approach to defining access, beginning with whether care is received, and examining the roles of health insurance coverage, having a usual source of care, the timeliness and location of care, and the quality of patient-provider communications on access to care.

DOWNLOAD THE DATA HIGHLIGHTS

For more information about the data that are available for analyses, please refer to the AAMC Consumer Survey of Health Care Access below:

- AAMC Consumer Survey of Health Care Access Topic Areas (PDF)
- AAMC Consumer Survey of Health Care Access Data Dictionary (PDF)

aamc.org/workforce
The State of the Physician Workforce

1. Shortages
2. New data
3. Getting care
4. Changes
5. Reports & resources
The population is growing – and aging

The nation’s population is urbanizing rapidly

By 2050, U.S. will be majority non-white

Already majority minority in five states (HI, NM, TX, CA, NV)

Under-18 population will be majority non-white by next year

In less than a decade, the population under 30 will be majority non-white.

Source: https://www.axios.com/when-american-minorities-become-the-majority-d8b33ee00-e4f3-4993-8481-93a290fd057.html
Growing physician supply
US MD enrollment has exceeded the called for 30% increase

Source: Results of the 2018 AAMC Medical School Enrollment Survey
Medical schools’ concern about clinical training opportunities for their students continues to grow

- Not enough training sites: 85%
- Not enough PC preceptors: 89%
- Not enough SC preceptors: 67%

Source: AAMC 2017 Medical School Enrollment Survey Report.
Production of new physicians not keeping pace with aging workforce and population

- Residents entering GME: +31%
- Population 65+ years: +51%
- Physicians likely retiring: +115%

Sources:
Take-aways

US is becoming less rural & more urban

US is becoming a majority minority nation

MD enrollment up 31% - clerkship and GME capacity growth needed
The State of the Physician Workforce

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Workforce Studies reports
Defining Rural
The Predictive Value of Medical School Applicants’ Rural Characteristics on Intent to Practice in a Rural Community
Wendling, Andrea L. MD; Shipman, Scott A. MD, MPH; Jones, Karen MA; Stat; Kvar-Gough, Iris MA, MLIS; Phillips, Julie MD, MPH

Current Demographic Status of Cardiologists in the United States
Laxmi S. Mehta, MD1; Kara Fisher, MPH2; Anne K. Rzeszut, MA1; et al.
What will we be working on next?

- Dual physician marriages
- Practice location choice
- Burnout in academic medicine
- Physician work hours
- Telehealth
- Medical student debt
- Physician language usage
- Physicians with disabilities
- Harassment and discrimination
16th Annual AAMC Health Workforce Research Conference

Bethesda, MD
May 6-8, 2020

www.aamc.org/workforce
Annual Address on the State of the Physician Workforce

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Director, Workforce Studies
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