



Tomorrow's Doctors, Tomorrow's Cures

Health Care Reform: Implications for the Supply, Demand and Use of Physicians

Learn

Serve

Lead

Hawaii Physician Workforce Summit

Edward Salsberg
Senior Director
AAMC Center for Workforce Studies

June 29, 2010



Association of
American Medical Colleges

Overview of Presentation

- The nation is facing a potentially serious physician shortage
- Increasing supply of physicians is necessary but not sufficient: system redesign is essential too
- Concerns and challenges for primary care
- Health care reform offers hope and opportunity for addressing workforce needs
- Steps for a state to consider to better assure access

Health Care Reform Passes!



A major accomplishment...but now the hard part: making it work.

Physician Shortage Expected To Deepen With Health Overhaul, April 15, 2010



Health Insurance Doesn't Mean Much Without Doctors, April 27, 2010

THE WALL STREET JOURNAL.

With Insurance Comes a New Need: More Primary-Care Doctors, March 26, 2010

The New York Times

Health Overhaul May Raise Demand for Primary Care, March 30, 2010

THE WALL STREET JOURNAL.



The Perfect Storm (1)

Gale force winds on the demand side

over the next several years!

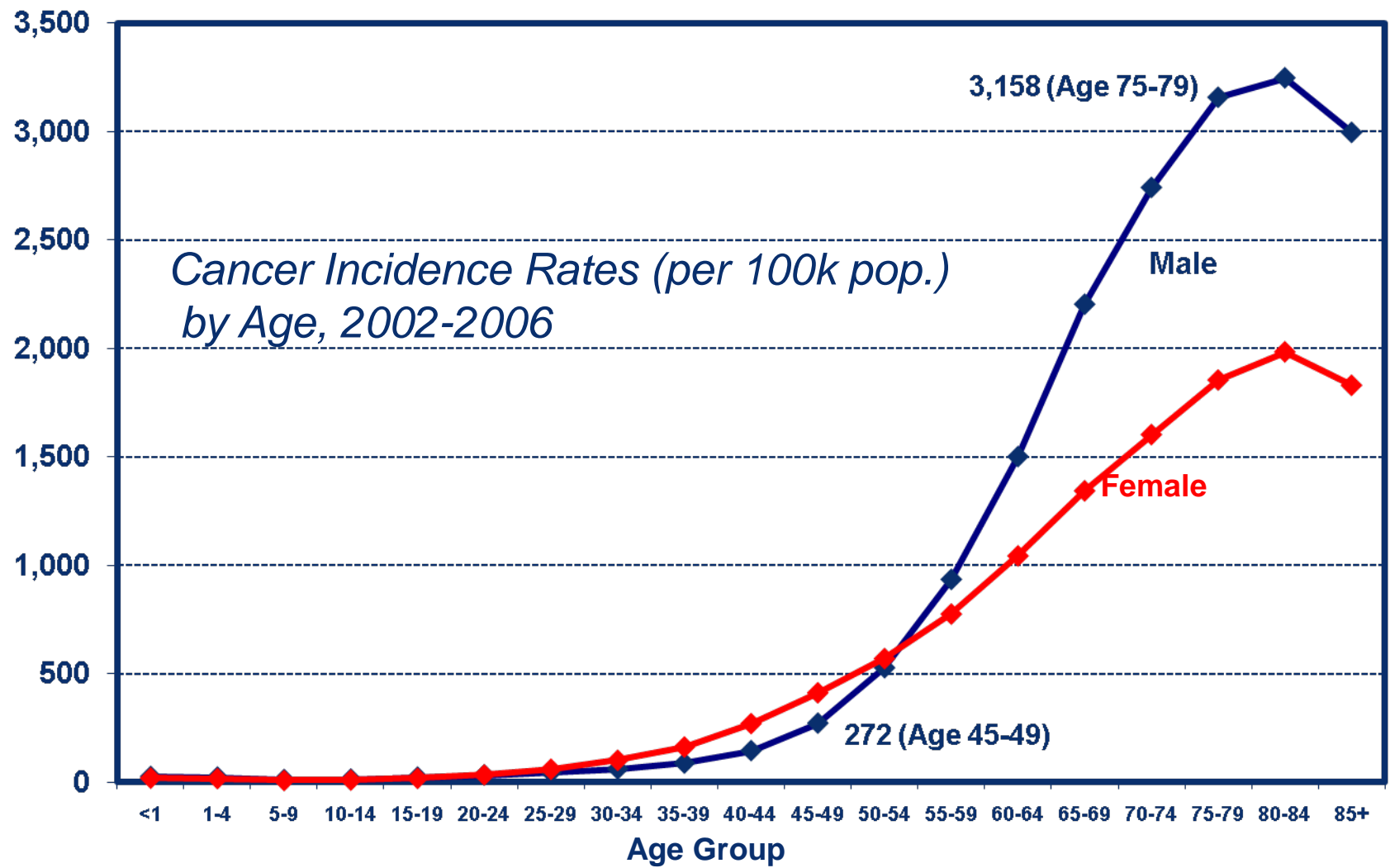
- Health care reform provides coverage to millions
- Baby boomers begin to reach 65 within the year
- Survival rates improving
- Impact of decades long increase in obesity and poor diet
- Need to address disparities in care and outcomes for poor and minorities

The Perfect Storm (2)

No rescue in sight on the supply side

- Large cohort of baby boomer physicians reaching retirement age and pent up desire for retirement as economy improves
- Gender changes likely to lead to reduced work hours
- Long time needed produce new physicians
- Tight budgets limit funding increases for education
- System redesign should help but uncertain impact and will take time to implement and assess

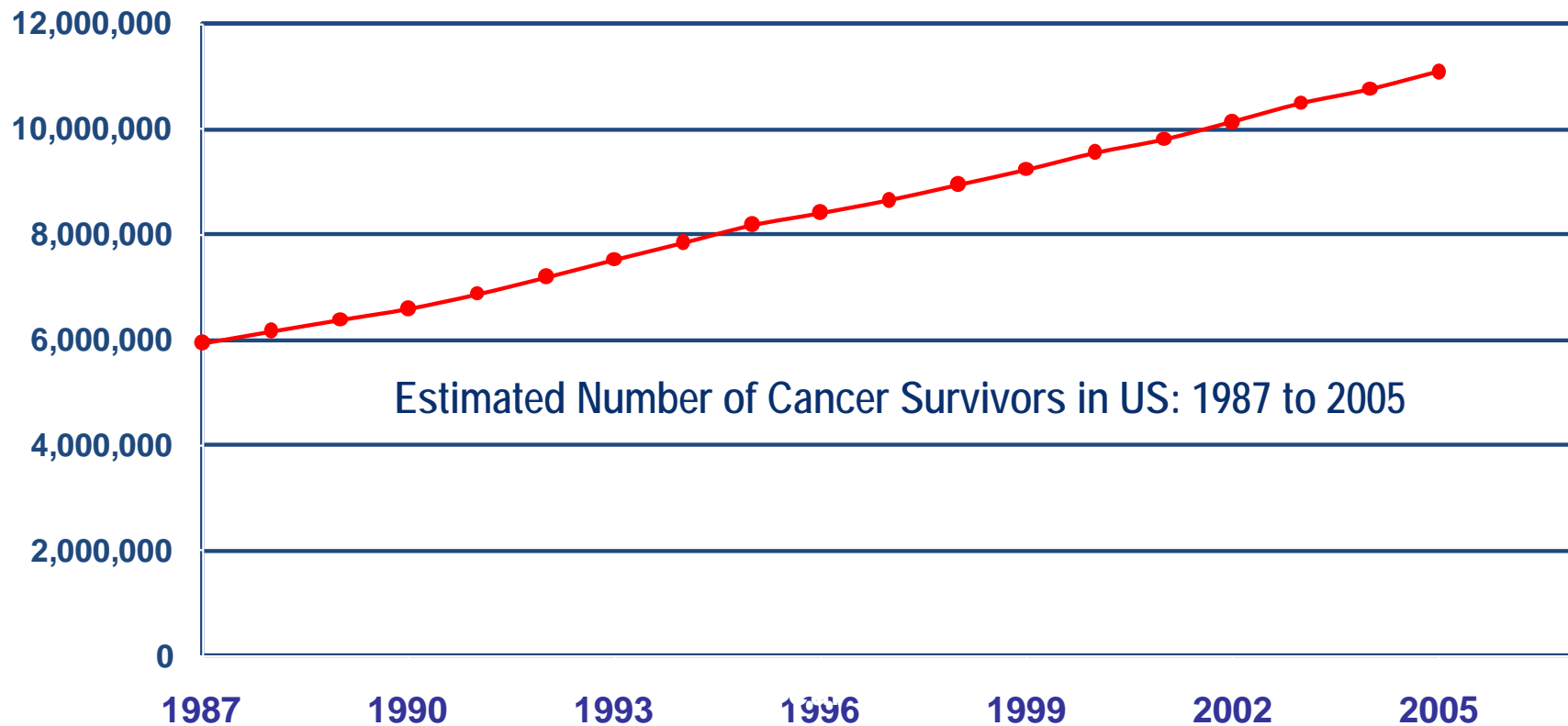
Major Illnesses Far More Common Among Elderly



Data present age-specific invasive cancer incidence rates (new cases per 100,000 pop.) for the United States, 2002-2006.
Source: National Cancer Institute, SEER Cancer Statistics Review, 1975-2006 (published 2009).
Prepared by AAMC Center for Workforce Studies (SD)

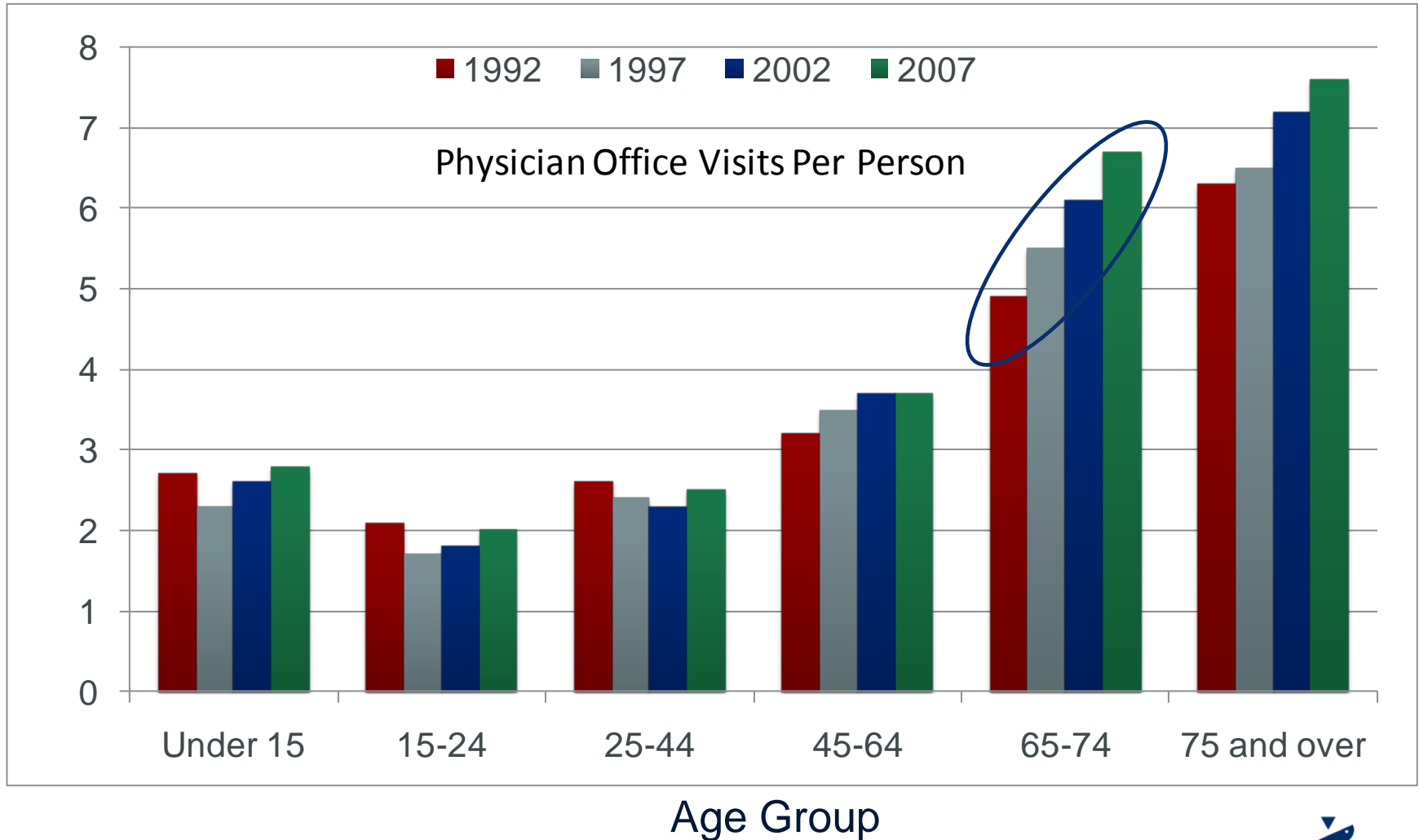


Making Progress on Health Care: Number of Cancer Survivors Rising Steadily



Data source: Ries LAG, Melbert D, Krapcho M, Stinchcomb DG, Howlader N, Horner MJ, Mariotto A, Miller BA, Feuer EJ, Altekruse SF, Lewis DR, Clegg L, Eisner MP, Reichman M, Edwards BK (eds). SEER Cancer Statistics Review, 1975-2005, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2005/, based on November 2007 SEER data submission, posted to the SEER web site, 2008.

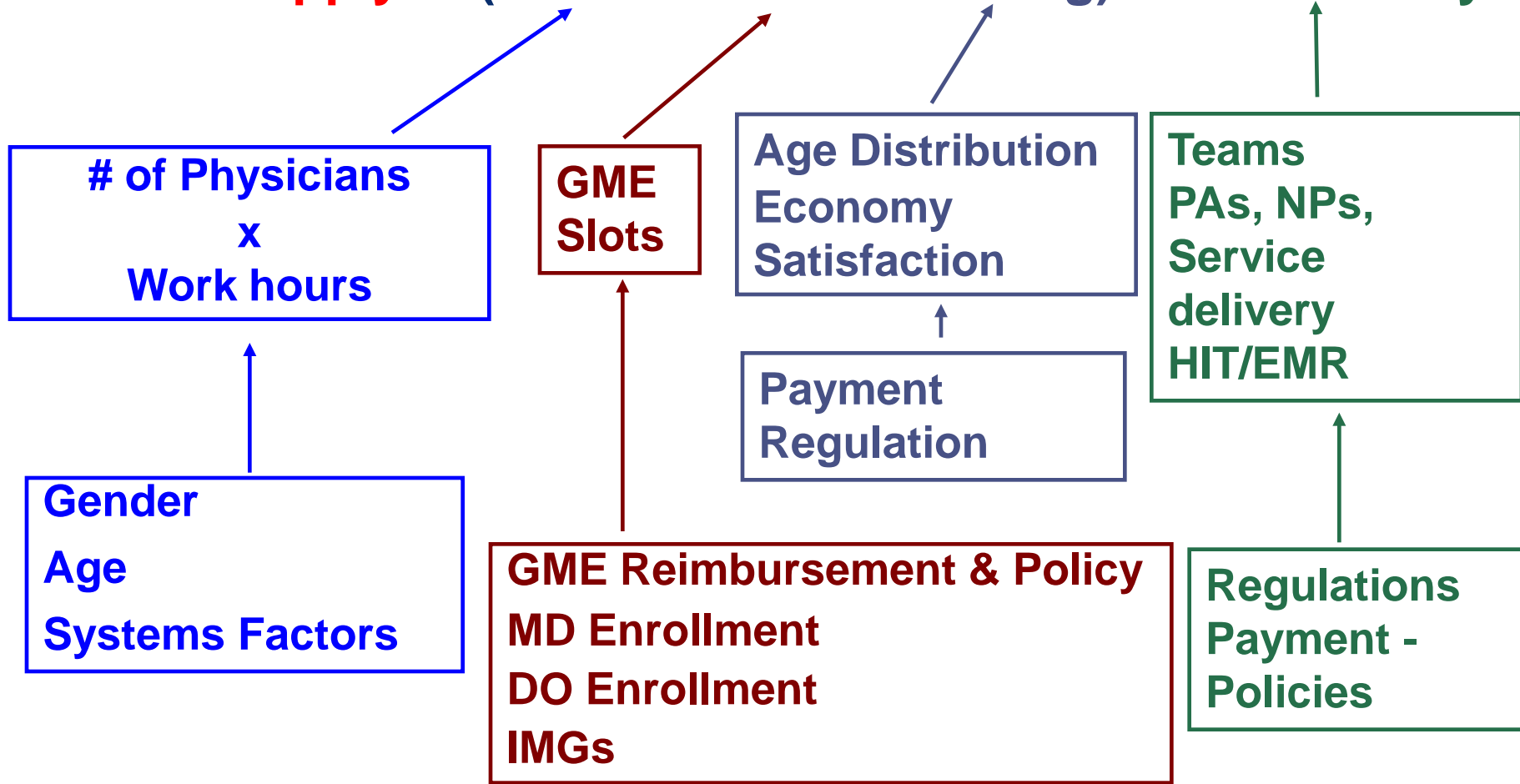
Office Visits for Over Age 65 Continue to Increase



Sources: NCHS National Ambulatory Medical Care Survey, Annual Summaries 1991-2006, and 2007 NAMCS Public Use Data File.

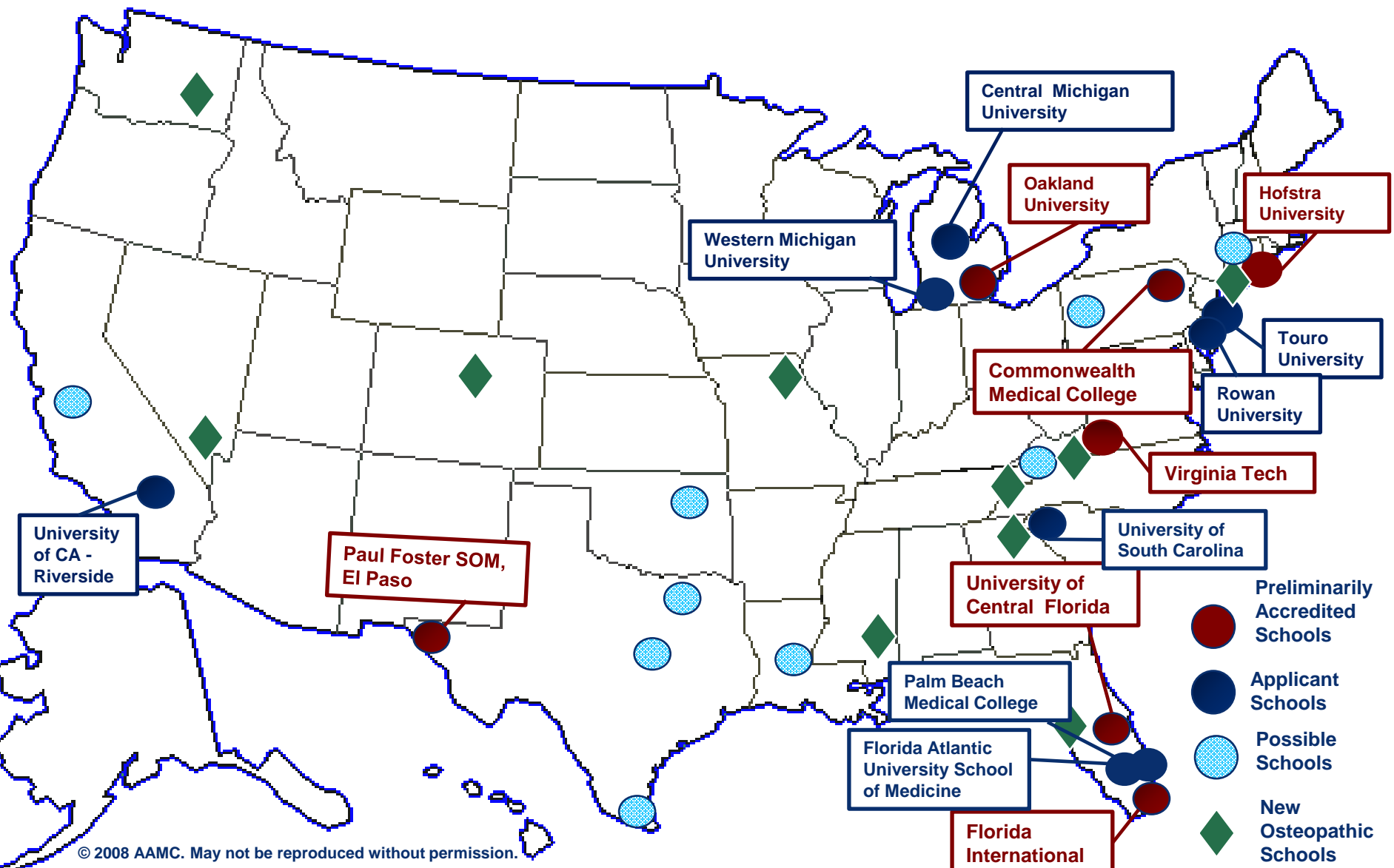
Complexities of Physician Supply

$$\text{Future Supply} = (\text{Current} + \text{New} - \text{Exiting}) \times \text{Productivity}$$



Source: Center for Workforce Studies, March 2009

A Positive Step: A Surge of Medical and Osteopathic Schools and Enrollment



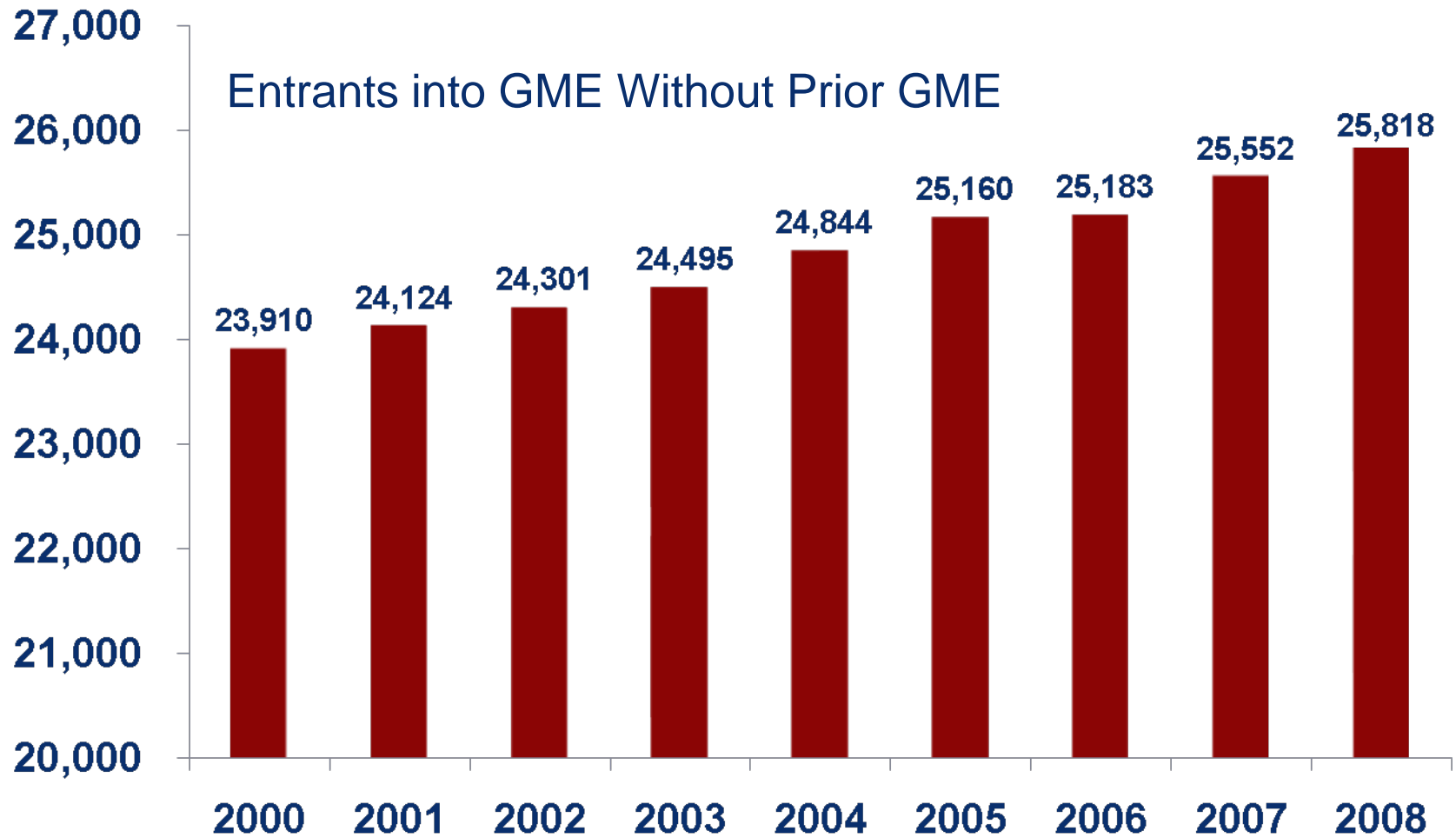
1st Year MD and DO Enrollment in 2014 Will be Far Higher than in 2002

	<u>2002</u>	<u>2014</u>	<u># and % Increase</u>	
MD	16,488	20,281	3,405	23%
DO	3,079	6,271	3,192	103.7%
<hr/>				
Combined	19,567	26,552	6,597	35.7%

Sources: AAMC Dean's Enrollment Survey: 2009 Preliminary Findings
AACOM 2009 Survey on Osteopathic Medical School Growth Plans Preliminary Data



While MD and DO Grads Will Grow at 2.5% per year, ACGME Entrants Growing at Less than 1% per year



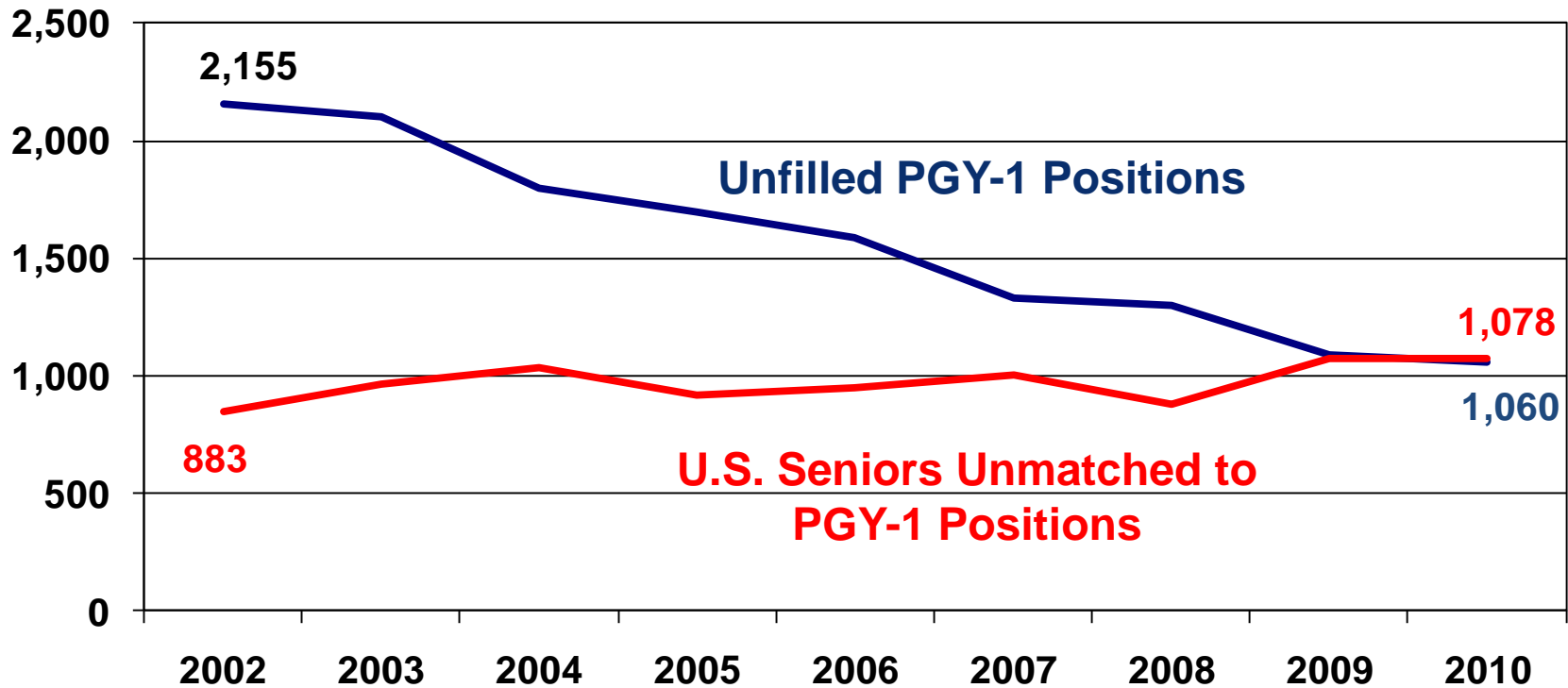
Source: Center for Workforce Studies, November 2009

GME is the Key to Increasing the Supply of New Physicians

- The number of medical and osteopathic graduates will grow by more than **7,000** between 2009 and 2020 which is equal to the number of IMGs entering GME each year.
- There will not be an increase in supply unless we also increase residency training slots (GME)
- Unknown how much – if at all - residency programs will continue to grow in the coming years. The lack of increased federal funding for GME will reduce growth
- Without GME growth, US MDs and DOs are likely to displace IMGs and physicians per capita will peak about 2015

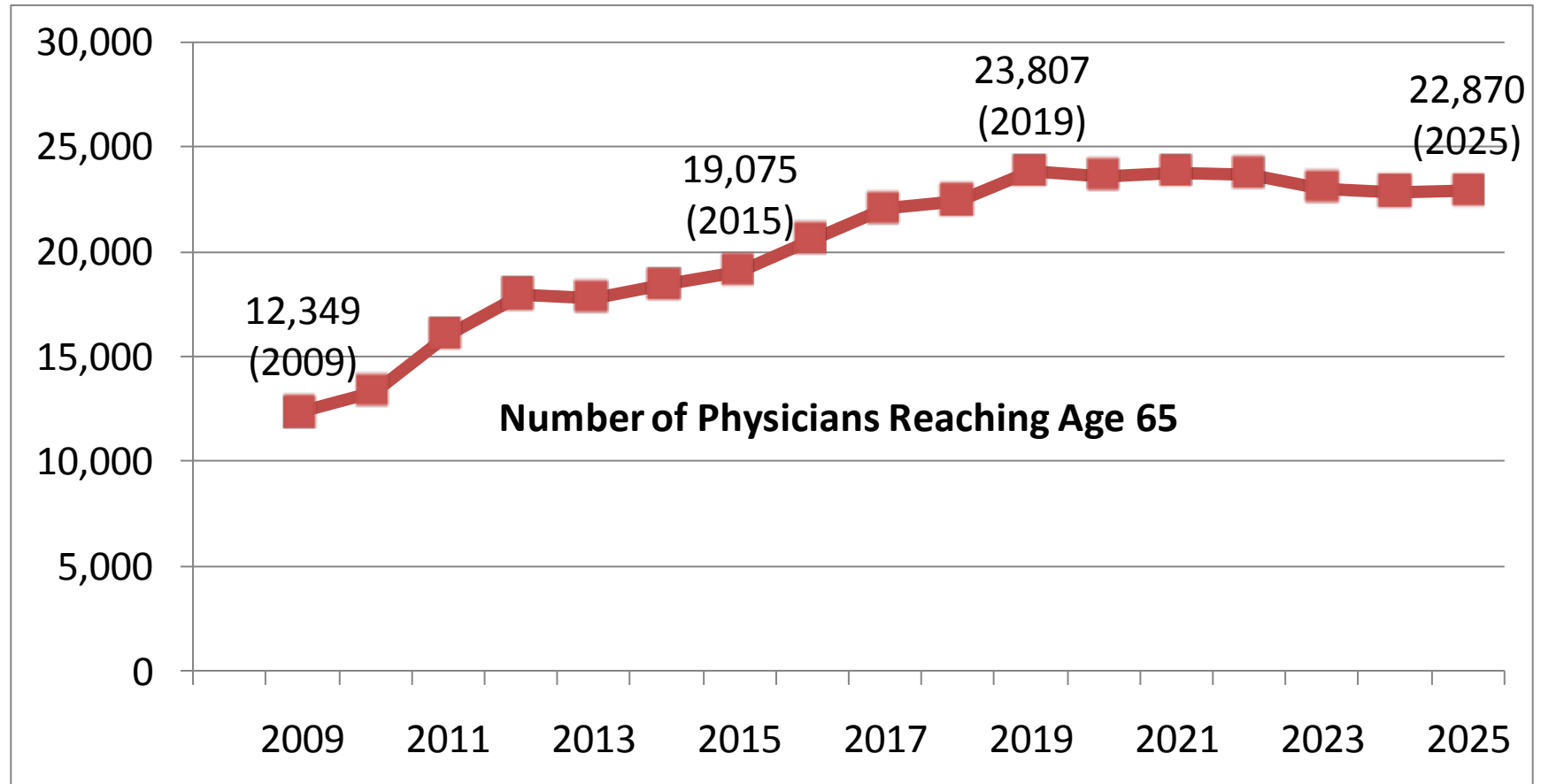
Squeeze in GME is Already Happening as Applicants Have Grown More Rapidly Than Slots

Results from NRMP 2002 - 2010



Generation & Gender

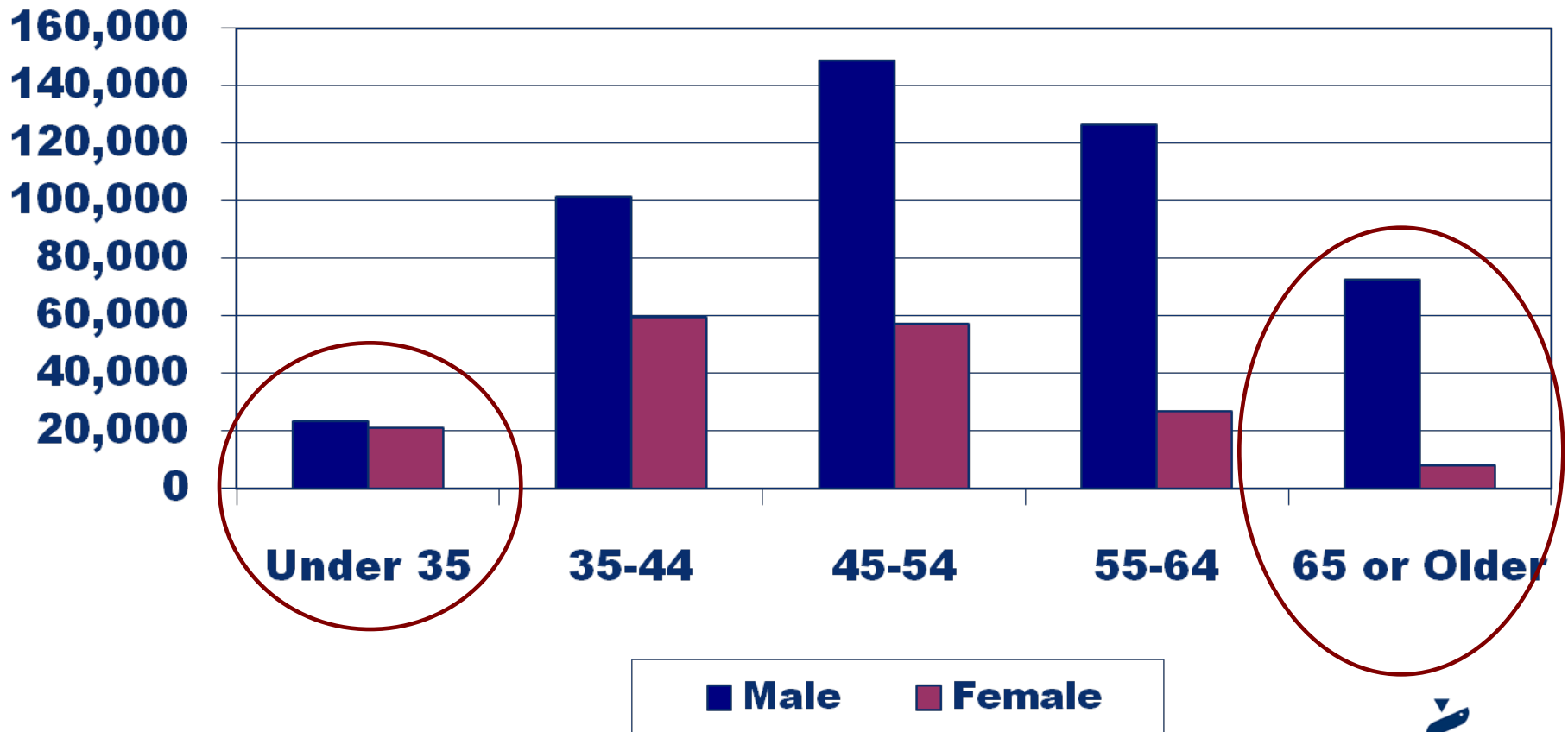
The Number of Active Physicians Approaching Retirement Age Will Nearly Double in a Decade



Source: AMA Physician Masterfile (December 31, 2008)

The Feminization of Medicine

Number of Active Physicians by Gender, 2007

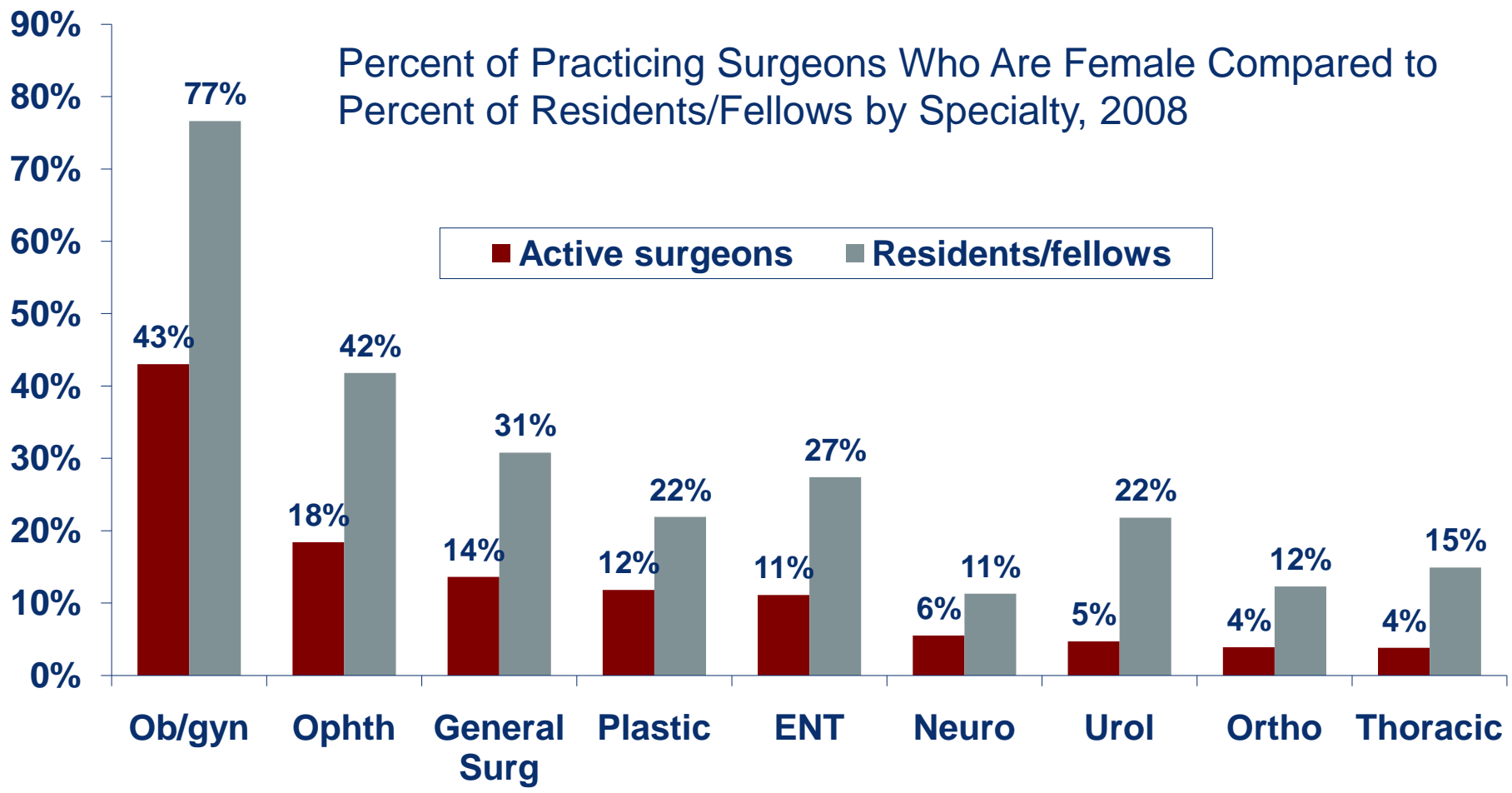


Source: AMA Physician Masterfile (January 2007)



The Percent of Surgeons Who are Women Varies by Specialty but is Increasing Rapidly

Percent of Practicing Surgeons Who Are Female Compared to Percent of Residents/Fellows by Specialty, 2008

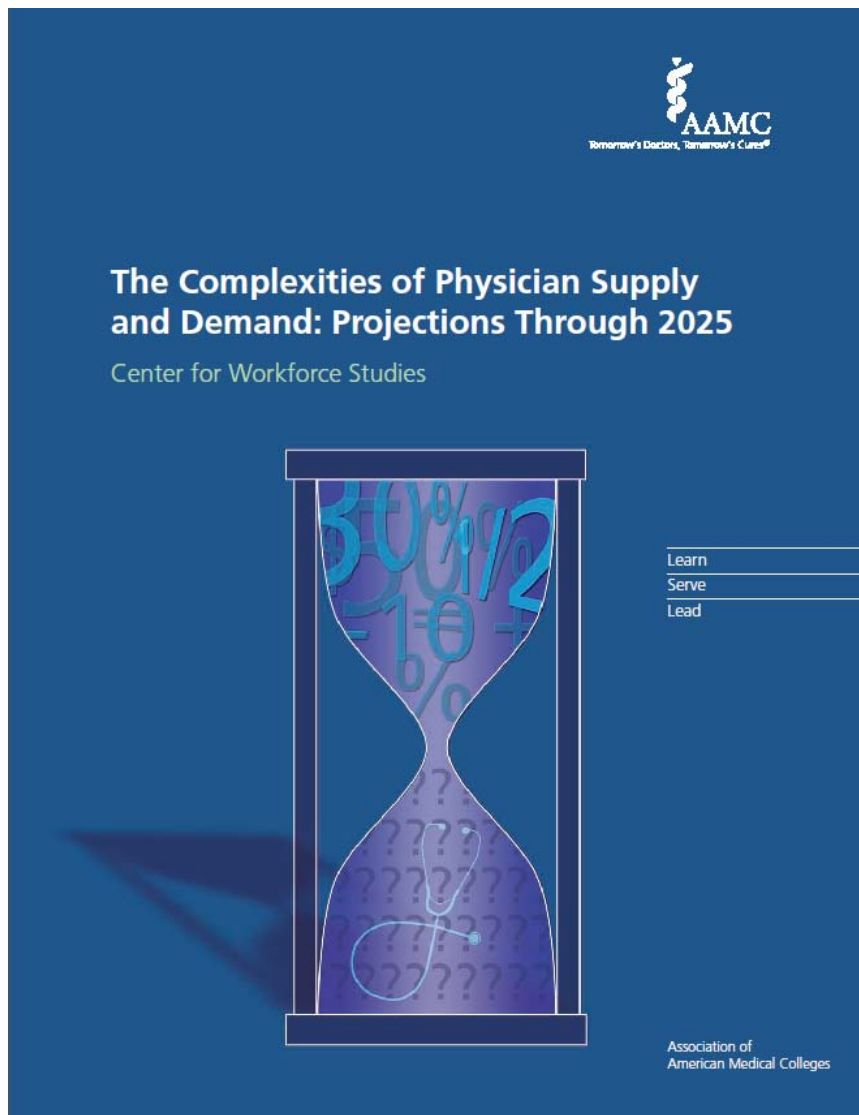


Source: AMA Physician Masterfile (January 2008).

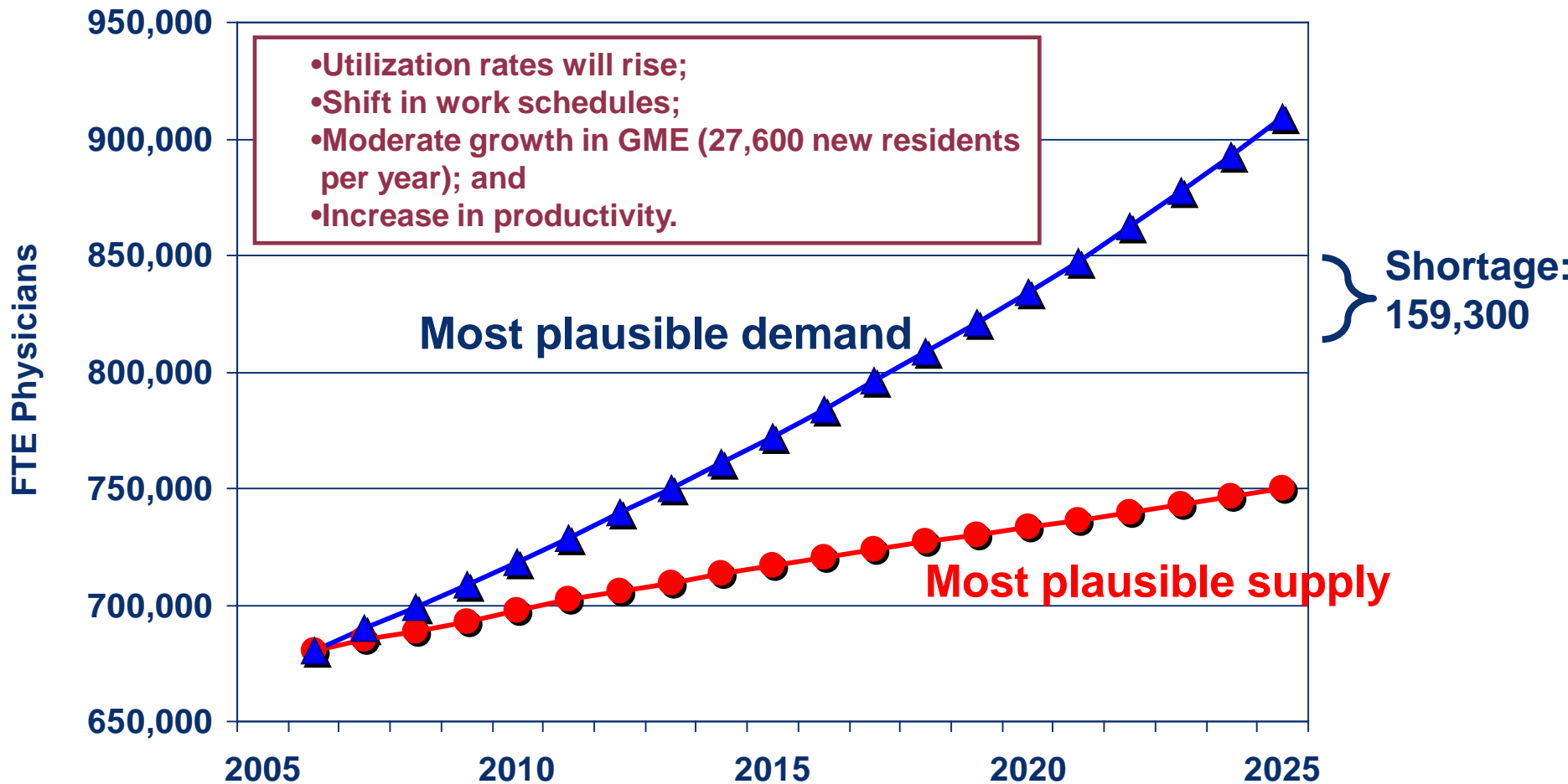
Prepared by AAMC Center for Workforce Studies, May 2009



Recent AAMC Report Projecting Physician Supply and Demand Through 2025



Projections of FTE Physicians: Shortages Predicted Before Reform



Source: Michael J. Dill & Edward S. Salsberg. *The Complexities of Physician Supply and Demand : Projections Through 2025* (AAMC November 2008)

AAMC Baseline Projections: Shortages Across a Broad Range of Specialties

	Projected shortage in 2025 (FTEs)	Pct. of total shortage
Total Patient Care Physicians	-124,000	100.0%
General Primary Care	-46,000	37.3%
Medical Specialties	-8,000	6.3%
Surgical Specialties	-41,000	32.9%
Other Patient Care	-29,000	23.4%

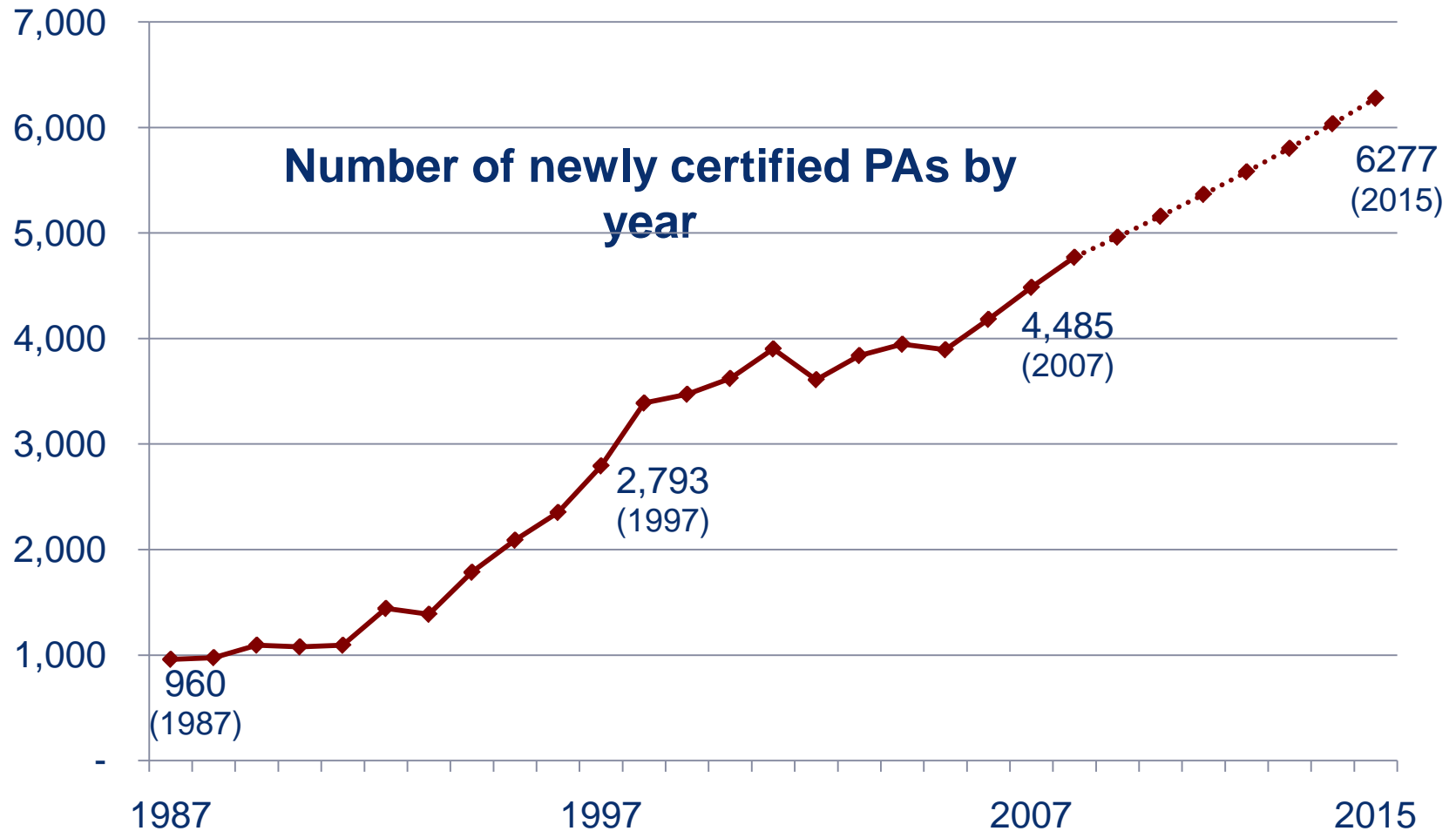
Source: Michael J. Dill & Edward S. Salsberg. (2008). *The Complexities of Physician Supply and Demand: Projections Through 2025*; Baseline projection



Rising Demand is for Services

- While some of the services can only be provided by physicians, some services can be provided as effectively—or more effectively--by other clinicians and other health professionals
- Inter-professional teams can improve access and make more effective use of our limited physician supply

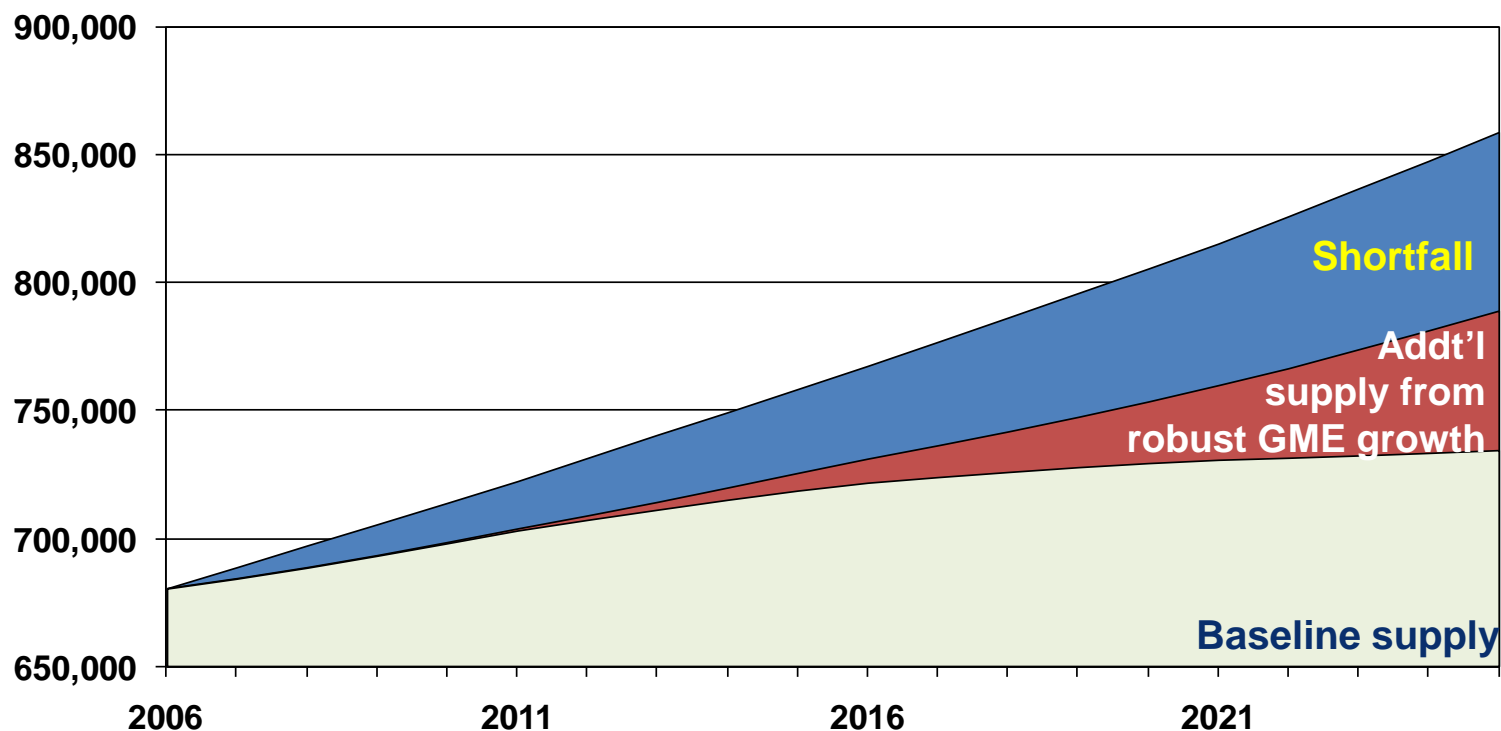
The Number of New PAs Entering Practice Each Year Has Grown 5 Fold in the Past 22 Years, and is Continuing to Rise



Source: National Commission on Certification of Physician Assistants, June 2009



Expansion of UME and GME Will Not Meet All of Future Demand: Still Need System Improvements



Reflects Impact of Full Growth of GME to 32,000 Entrants Per Year

Source: Michael J. Dill & Edward S. Salsberg. (2008). *The Complexities of Physician Supply and Demand: Projections Through 2025*; Baseline projections. Center for Workforce Studies, Association of American Medical Colleges.

Recent Reports of Physician Shortages: Specialty Studies

Allergy & Immunology (2006)

Anesthesia (2003)

Cardiology (2009)

Child Psychiatry (2006)

Critical Care Workforce (2006)

Dermatology (2008)

Emergency Medicine (2006)

Endocrinology (2003)

Family Medicine (2006)

Gastroenterology (2009)

Geriatric Medicine (2009)

General Surgery (2007)

Generalist Physicians (2008)

Medical Genetics (2004)

Neurology (2010)

Neurosurgery (2005)

Oncology (2007)

Pediatric Subspecialty (2007)

Psychiatry (2003)

Public Health (2007)

Rheumatology (2007)

What Happens in a Shortage?

Supply/Providers

- Practitioners work longer hours
- Increase use of NPCs and support staff
- Extend time between visits
- More phone, email communications (if reimbursed?)
- **Innovations**

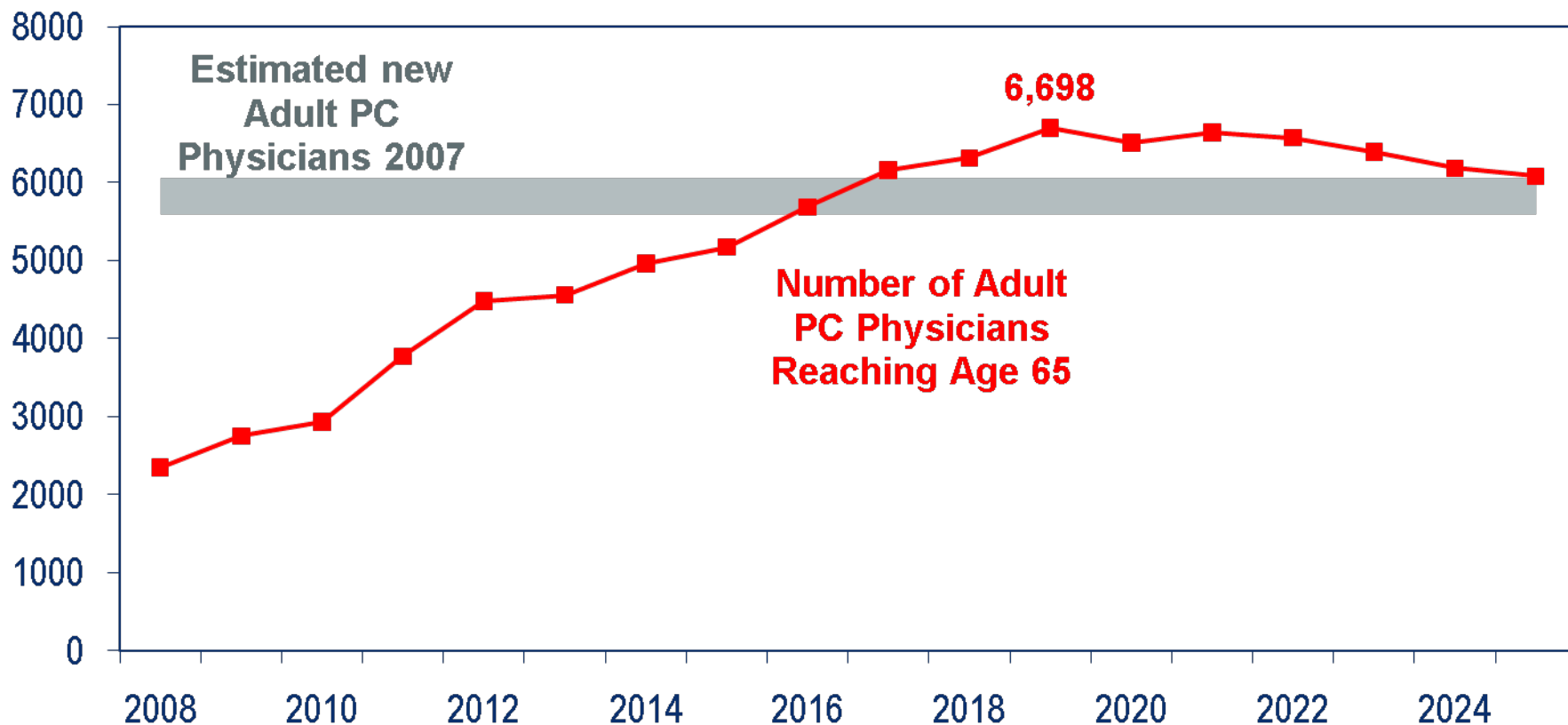
Demand/Consumers

- Longer waits to get appointments
- Increase ER use
- Travel greater distances to care
- See a different type of provider
- **Some patients don't get needed care**

The Crisis in Adult Primary Care

1. Shortage of primary care practitioners will put pressure on efforts to reform the health care system
2. Growing demand
3. The supply will peak shortly
4. Adult PC physician: high relative dissatisfaction compared to other specialties
5. Decreasing interest in primary care by US grads
6. The mal-distribution of the existing supply

The # of Retiring Adult PC Physicians Is Likely to Exceed # Entering Within Next Few Years

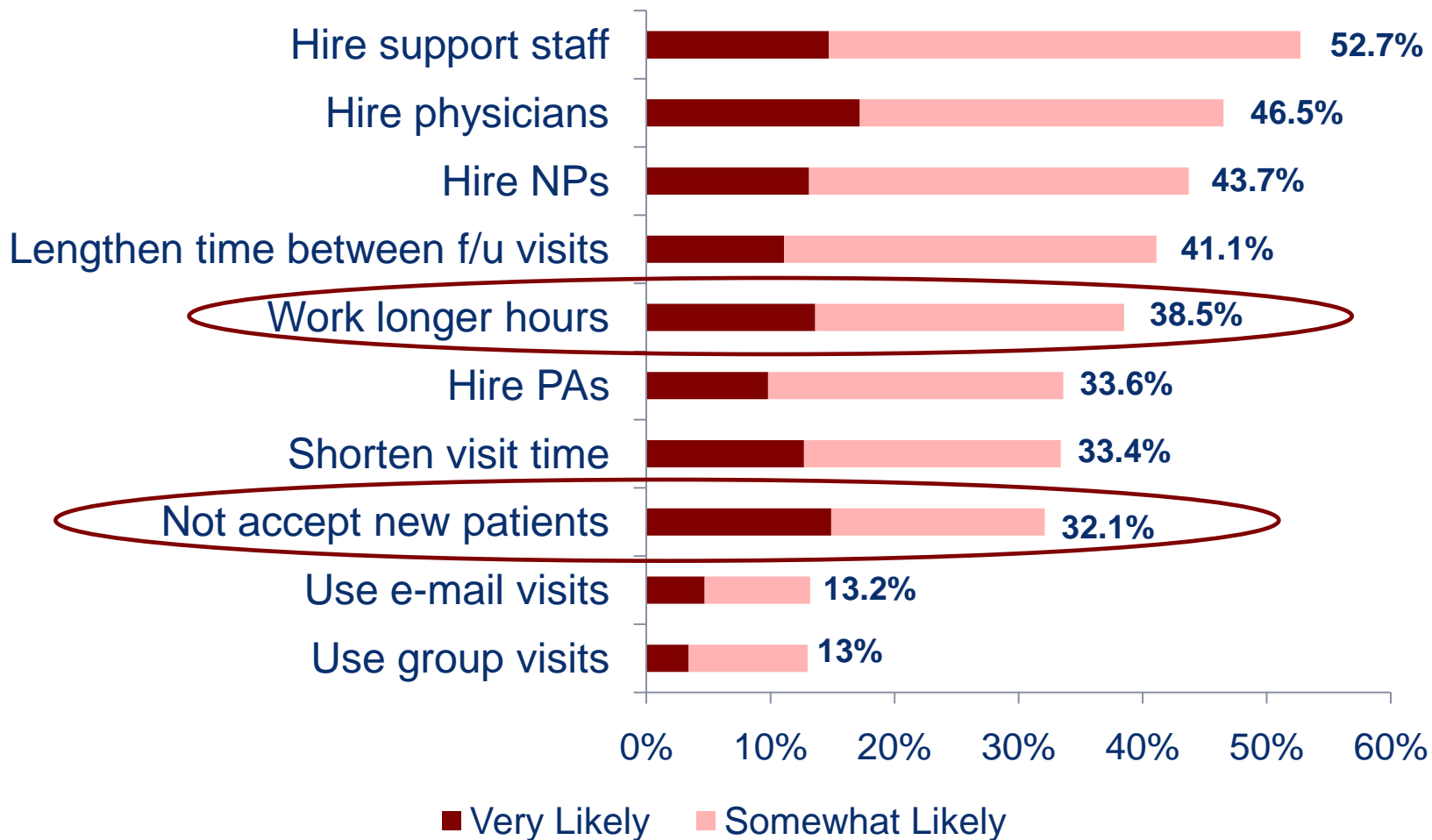


Note: Primary care numbers include hospitalists. Adult primary care includes family medicine and internal medicine. Includes both MDs and DOs.

Sources: AMA Physician Masterfile (December 31, 2008)
AAMC/AMA National GME Census



What Primary Care Physicians Would do if Faced with a Surge in Demand

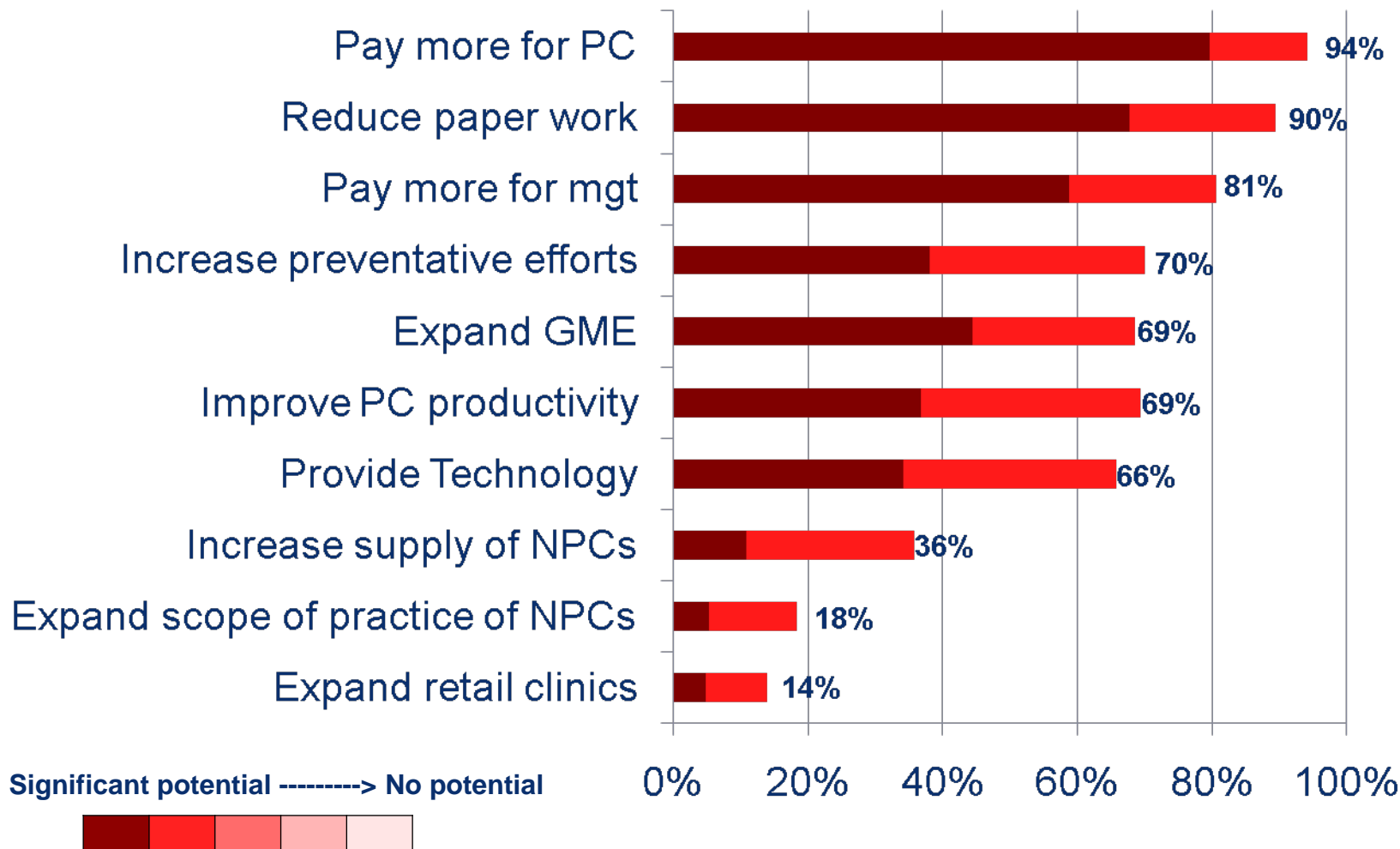


"If your principal practice site were to experience a significant increase in demand for health services, such as from health care reform, how likely is it that you would consider any of the following?"

Source: AAMC 2009 Physician Survey on Primary Care; Preliminary Data;

What Primary Care Physicians Think Society Should Do to Meet Surge in Demand

“On a scale of 1 (significant potential) to 5 (no potential), please rate the potential of the following strategies to expand the U.S. health systems capacity to meet a future increase in demand without compromising quality”

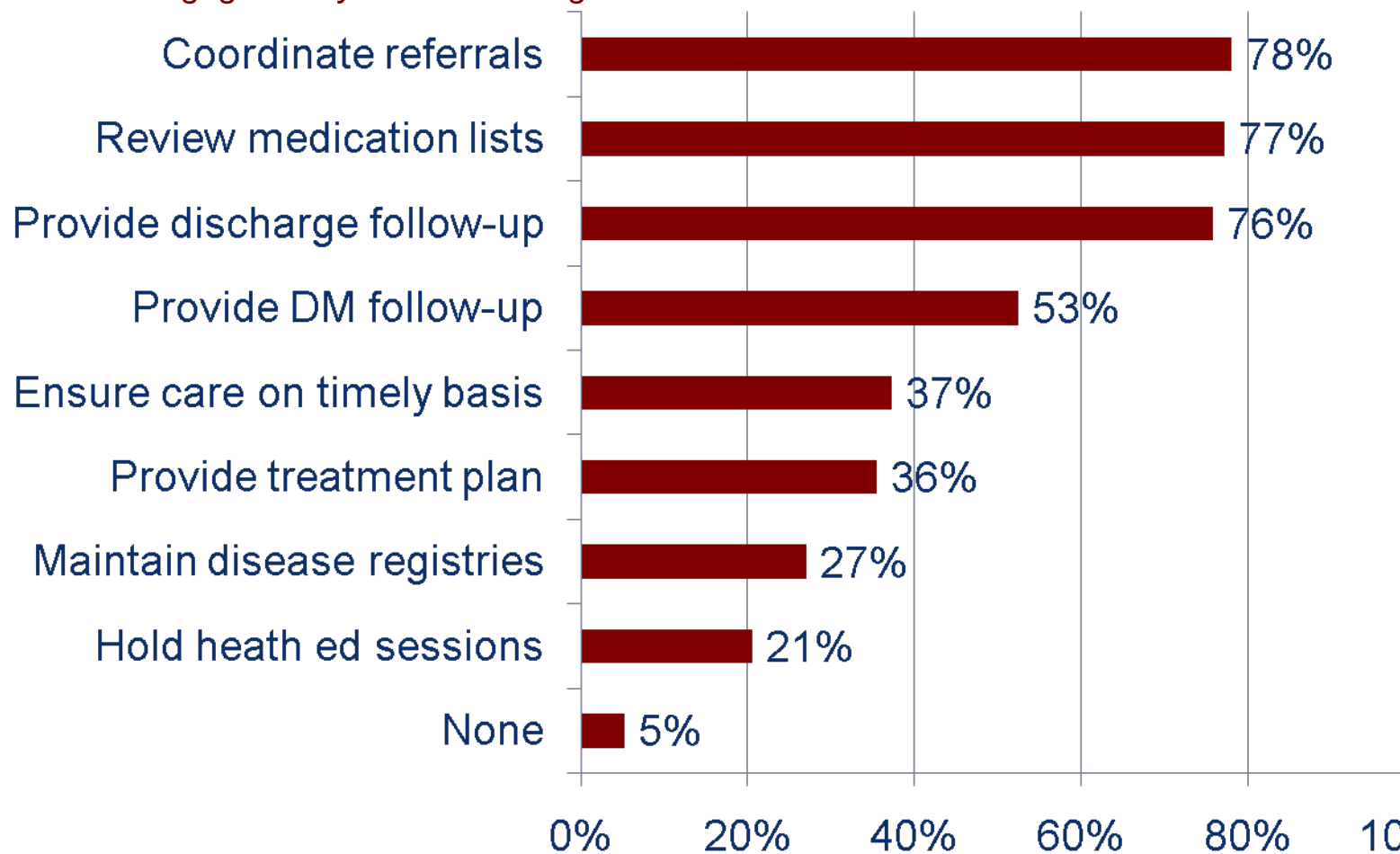


Source: AAMC 2009 Physician Survey on Primary Care; Preliminary Data



Adult Primary Care Physicians: A Long Way to Go to the Patient Centered Medical Home: Current Chronic Disease Management Activities

“For your patients with one or more chronic diseases, do you or members of your practice site team engage in any of the following activities?”



Health Care Reform: Workforce Implications

- Increased coverage: increased demand
- Many provisions on the supply side as well
 - Many diverse ideas and programs
 - Provides workforce planning process and structure
- Tremendous potential but ultimate success dependent on regulatory action, appropriations and implementation

Patient Protection and Affordable Care Act

(P.L. 111-148 and P.L. 111-152)

1. National Health Care Workforce Commission
2. Health Workforce Data, Analysis and Planning
3. Primary Care Related Provisions (Training and practice)
4. GME Related Provisions
5. Increased funding and flexibility for NHSC
6. Community Health Centers and FQHCs
7. Delivery redesign (ACOs, HIZs and PCMH)
8. Nursing, Public Health and Community Health
9. Other Health Workforce Provisions

Strategies to Help Assure Access

1. Data Collection and Analysis: A first step for states and the nation

- ✓ Assign responsibility for data collection/analysis
 - ✓ Staff
 - ✓ Coalition building
 - ✓ Identify priority workforce needs
-
- State data: licensure and regulatory data
 - State association data: physicians, hospitals, long term care
 - Analysis of national data sets

Strategies to Help Assure Access

2. Increase the overall supply of physicians and other health workers

- ✓ Increase support for health professions education and training
- ✓ The coming increase MD and DO grads is an opportunity to increase and fill primary care GME positions and other specialties in need
- ✓ Address the needs of practicing physicians
 - Reduce paperwork associated with insurance
 - Assist in practice transformation including HIT
 - Address liability concerns

Strategies to Help Assure Access

3. Increase use of non-physician clinicians

- ✓ Support for additional education programs
- ✓ Increase use of teams (inter-disciplinary education and practice)
- ✓ Expand use of NPCs and other health professionals and support staff
- ✓ Supportive payment policy, such as for teams

Strategies to Help Assure Access

4. Redesign the delivery system

- ✓ ACOs and HIZs would be in a position to make effective use of workforce and effective decision making
- ✓ Patient Centered Medical Home: target to chronically ill/elderly
- ✓ Improve efficiency and effectiveness, including through improved IT and EMR
- ✓ Design service delivery responsive to needs of younger and older physicians, such as flexible scheduling and liability reform

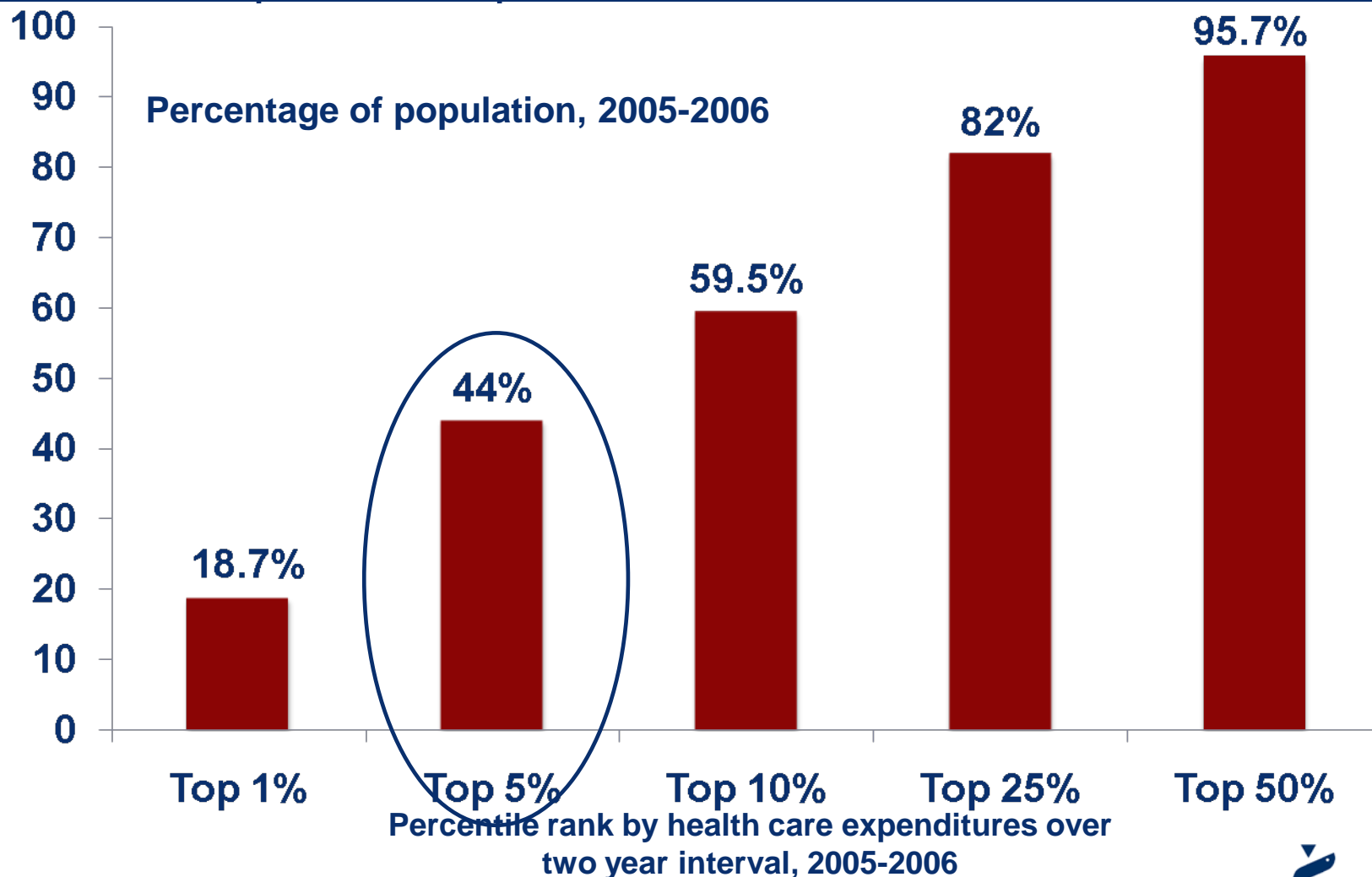
Strategies to Help Assure Access

5. Address mal-distribution

- ✓ NHSC, loan repayment and other service conditioned support
- ✓ Revise medical school admissions policies
- ✓ Increase diversity
- ✓ Support urban-rural partnerships and networks

6. Target Limited Resources to Highest Needs

5% of the Population Spends 44% of the Health Care Dollars



Source: Cohen, S.B., Rohde, F. (2009): *The Concentration in Health Expenditures over a Two Year Time Interval, Estimates for the U.S. Population, 2005-2006*. MEPS Statistical Brief #244. Figure One.

So What's Ahead for the Health Workforce and Health Planners and Policy Makers?

- A golden age of rational workforce planning with great opportunities, major growth in knowledge; we help make health reform (access to high quality care at a reasonable cost) a great success.

OR

- Tremendous shortages, physician and public dissatisfaction, long delays to get care; inflation continues and planners and policy makers are blamed for the failure of health care reform.



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