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Assessment of Physician Workforce Supply and Demand in the US

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State Health Workforce Research and Planning

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Concurrent Session
10:15 – 11:30 A.M.
Friday, May 9
New Orleans, LA
“Assessment of Physician Workforce Supply and Demand in U.S.”

Michael E. Samuels, Dr.P.H.
Distinguished Scholar and Endowed Chair in Rural Health Policy

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Lexington, KY

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Factors Influencing US Future Supply

Total Numbers
- Medical school production (MD, DO)
- International migration and IMG policies
- Aging of physician workforce & retirement

Impacts “effective” supply
- Gender and generational differences
- Lifestyle choices
- Changing practice patterns
- Productivity changes (i.e. NPs/PAs, IT)
US Allopathic Graduation Trends

Source: AAMC Data Book, AAMC Facts
Prepared by AAMC, Center for Workforce Studies, Jan 2006
US Per-Capita MD Enrollment Has Fallen Since 1980
First Year Enrollment per 100,000

Source: AAMC Data Book; US Census Bureau.
Prepared by Center for Workforce Studies, AAMC, Feb 2006.
US MDs Are Less Than 2/3 of Physicians Entering Graduate Medical Education, 2005

24,735* entered in ACGME and AOA training in 2005:

- Allopathic Graduates: 15,329 (62%)
- Osteopathic Graduates: 2,888+ (12%)
- Canadian Graduates: 65 (0.3%)
- IMGs: 6,436 (26%)
- Other: 17 (0.1%)

* Includes both allopathic and osteopathic residents.
+ Number of DO graduates projected by AACOM. All the graduates are assumed to have entered ACGME or AOA GME.

Sources: AMA and AACOM, 2004 Annual Report on Osteopathic Medical Education.
Prepared by the AAMC Center for Workforce Studies.
The Percent of US Physicians That are Female Is Rising Steadily

Prepared by AAMC Center for Workforce Studies. Jan 2006
Factors Affecting Demand for Physicians

- Aging & growth of population
- Wealth of the nation
- Public expectations
- Growth in non-physician clinicians
- New medical interventions
- Changing methods and systems of care
- Cost containment efforts

Atul Grover, MD, PhD
Center for Workforce Studies
US Population Over Age 65 Will Double by 2030

United States Population Projection

- Total Population
- 65+
- Supply of Physicians

Year:
- 2000
- 2005
- 2010
- 2015
- 2020
- 2025
- 2030

Percent Growth from 2000:
- 0 - 0.2
- 0.2 - 0.4
- 0.4 - 0.6
- 0.6 - 1
- 1 - 1.2
- 1.2 -

Supply of Physicians:
- 36,695,904

71,453,471

71,453,471
Utilization of Services Rises with Age and Time

Center for Workforce Studies
HRSA Suggests a Shortage of at Least 55,000 Physicians by 2020

Source: Health Resources and Services Administration, DHHS 2006. “Physician Supply and Demand: Projections to 2020”
Unmet Need
30 million People In HPSAs

Source: HRSA/AAFP/AAMC
Why Predict the Physician Workforce?

- Previous studies unpredictable
- COGME - Increase first year residency positions by 3,000 by 2015
- AAMC – Increase medical students 30K
- Impact on medical schools, GME
- Reduced interest in FM, primary care
- How will demographic changes affect Kentucky’s physician workforce?
2006 NRMP Results for Family Medicine

NRMP = National Resident Matching Program;
http://www.aafp.org/afp/20050801/graham.html
Factors Influencing Future Physician Supply

- Physician age
- Retirement rate
- Gender
- Location
- Work ethic
- Type of practice
Factors Influencing Future Need and Demand for Physicians

• Aging population

• Chronic diseases
  – Cardiovascular disease
  – Cancer

• Education

• Socio-economic level
U.S. Recommendations

• Strategies to increase supply of physicians
  – Increase residency programs

• Strategies to increase diversity
  – Encourage schools to increase URM among students and faculty
Recommendations

- Strategies to increase supply of physicians
  - Provide incentives for physicians to practice in underserved areas
  - Support expansion of NHSC
  - Increase residency programs
  - Support non-physician collaboration (e.g. Rural Clinics)
  - Simplify reimbursement mechanisms
Recommendations

• Strategies to address maldistribution
  – Develop more community health centers
  – Promote higher physician reimbursement in shortage areas
Recommendations

• Strategies to increase productivity
  – Support develop better “systems” of care
  – Support enhanced patient care telecommunications

• Strategies for more effective workforce planning
  – Support state systems for ongoing physician workforce data collection and planning
Planning for the Nation’s Health

http://www.unmc.edu/Community/ruralmeded/FM_distribution.htm

Thanks