

The Allergy/Immunology Physician Workforce

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Overview of Presentation

- Center for Health Workforce Studies
- Current National Physician Workforce Debates and Developments
- A/I Workforce Studies Overview
- A/I Graduate Medical Education Surveys, 1999-2002

Center for Health Workforce Studies at the University at Albany, SUNY

- Dedicated to studying the supply, demand, use, and education of the health workforce
- Committed to collecting and analyzing data to understand workforce dynamics and trends
- Goal to inform public policies, the health and education sectors, and the public
- One of six regional centers with a cooperative agreement with HRSA/Bureau of Health Professions

Center for Health Workforce Studies: Current Physician Workforce Projects

- Re-assessment of physician workforce goals for 2020 for national Council on Graduate Medical Education (COGME)
- Tracking physician workforce in New York State
- Assessment of supply, demand, and need for physicians in California in 2015
- Specialty-specific studies
 - Allergy and Immunology
 - Urology
 - Neurosurgery
 - Medical Geneticists
 - Hospice and Palliative Care

Current National Physician Workforce Debates and Developments

The Current Debate: The Four Major Positions

1. The total supply of physicians is adequate: No need to do anything now
2. The total supply is adequate but we rely too heavily on IMGs: Increase US medical school slots but not GME slots (or funding)

The Current Debate: The Four Major Positions, cont.

3. The contribution of additional physicians is marginal and/or a significant percent of physician services are unnecessary or of marginal benefit. Therefore, the nation has more than enough physicians: reduce the supply of physicians
4. The nation will be facing a major shortage of physicians: Begin to increase US medical school capacity as soon as possible

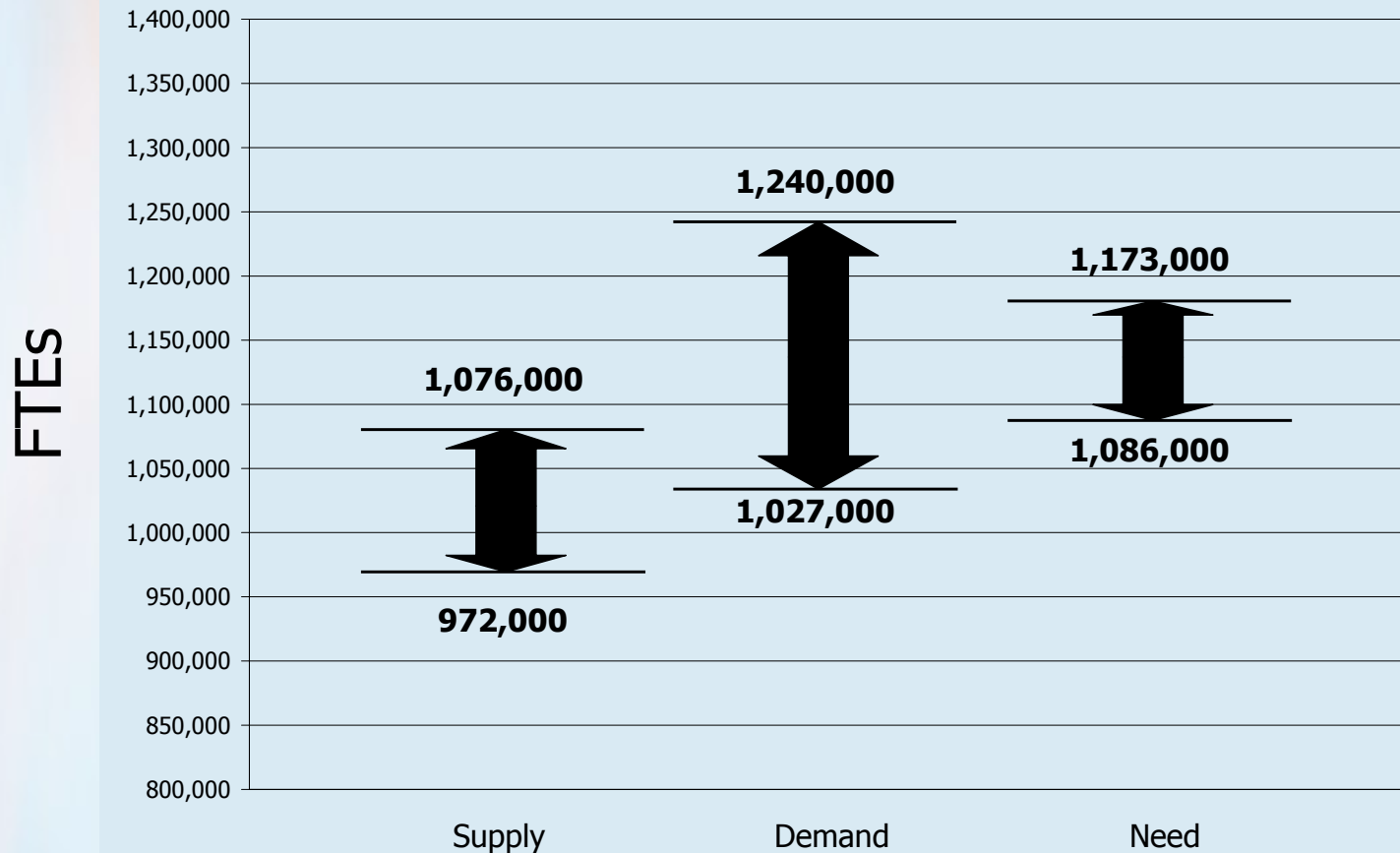
The 2003/04 COGME Report

- Forecast supply, demand, and need for the nation for 2020
- Council endorsed preliminary findings and recommendations in September 2003
- Report awaiting final approval and dissemination

Projections of Physician Supply, Demand, and Need in 2020

- Projections of supply, demand, and need based on historical rates of production and use of physicians
- Employed historical practice patterns such as physician retirement rates, use of physician services by age and setting, insurance status of the population
- Applied historical practice pattern rates to population projections

Projections of Physician Supply, Demand, and Need, 2020



Factors Affecting Demand/Need Not Included in Projections

- Increasing use due to new interventions and treatment protocols
- Increasing average length of visit time
- Increase in use of services generated by use of human genome diagnostic screening
- Changes in reimbursement policies (Medicare, Medicaid, coverage for the uninsured)
- Changes in the health services delivery system
- Mal-distribution of physicians

COGME Recommendations #1

1. Increase number of new physicians produced each year from 24,000 per year to 27,000
2. Increase in US medical school graduates by 3000 per year (15%) by 2015
3. Gradually increase the number of training positions and begin to raise Medicare cap on GME positions to match increase in US medical school graduations
4. Track physician supply, demand and need and conduct a comprehensive re-assessment within next 4 years

COGME Recommendations #2

5. Assess supply, demand, and need by specialty on a systematic basis to guide medical student and physician decision making on specialty mix rather than set a specific target for the nation
6. Promote efforts to increase physician productivity, including investing in new technologies, such as information systems
7. Expansion of national health service corps (NHSC) and other federal programs that address access problems created by shortages

A/I Workforce Studies Overview

A/I Workforce Studies: Timeline

1998

- Analysis of historical A/I workforce data: AMA and AAAAI

1999

- Survey of physicians providing A/I services
- A/I training program director survey
- A/I fellows completing training survey

2000

- Report on the A/I physician workforce
- A/I training program director survey
- A/I fellows completing training survey

A/I Workforce Studies: Timeline (cont.)

2001

- Internal medicine and pediatric PGY-2 resident survey
- A/I training program director survey
- A/I fellows completing training survey

2002

- A/I training program director survey
- A/I fellows completing training survey
- Internet Based Information System (IBIS Survey #1)

2003

- IBIS Survey #2

2004

- Census Survey (May – August)

Selected Findings: Characteristics of Patient Care A/I Physicians, 1999

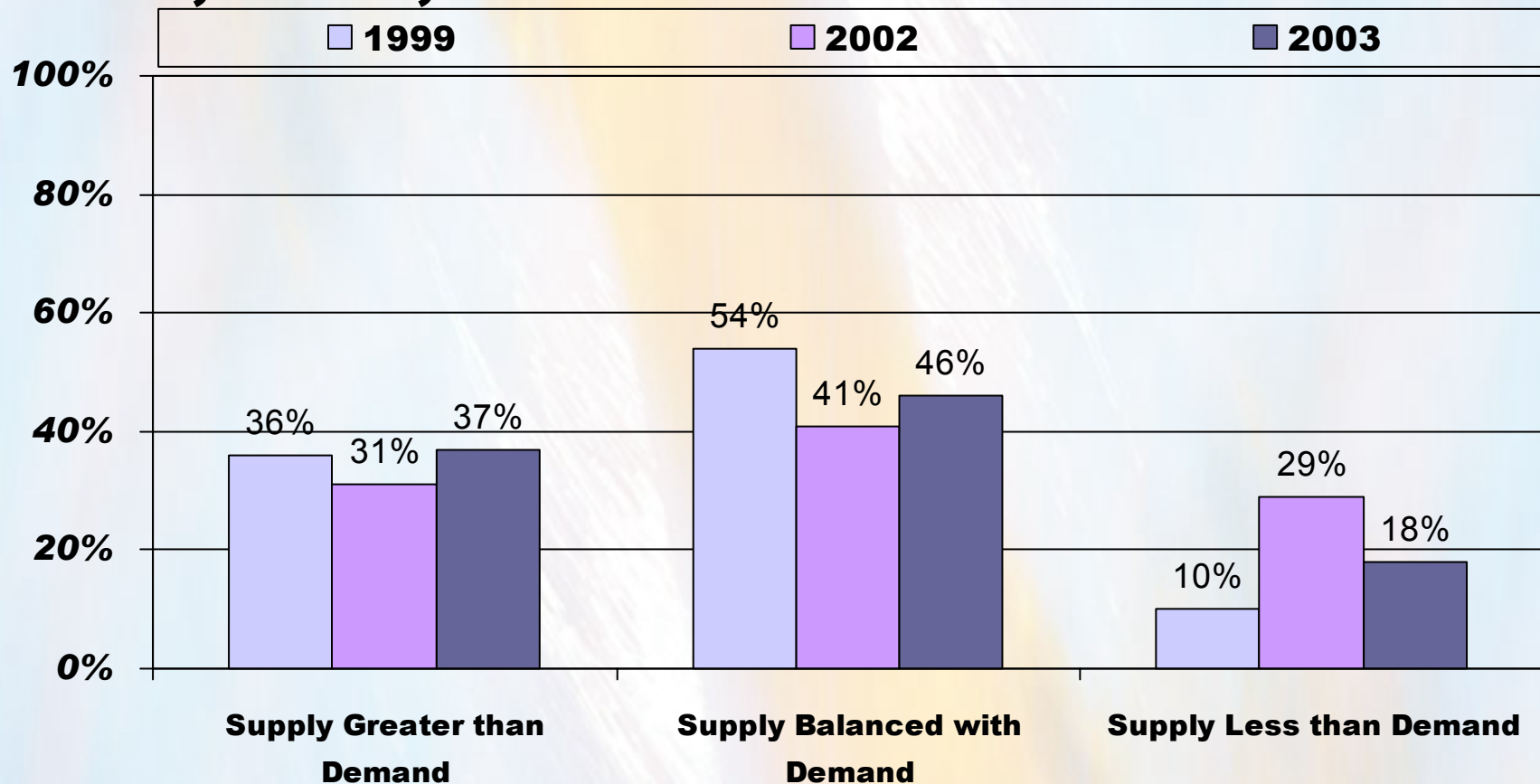
Characteristic	% of A/I Physicians	% of All US Physicians
Female	19%	22%
65 years of age and above	10%	13%
Under-represented minority	6%	6%
International Medical School Graduate	22%	24%
Pediatric Training	54%	n/a
Internal Medicine Training	41%	n/a

Sources: Survey of A/I Physicians 1999; AMA Physician Characteristics and Distribution in the US 2001-2002 Ed.

Selected Findings: Supply and Demand for A/I Physicians

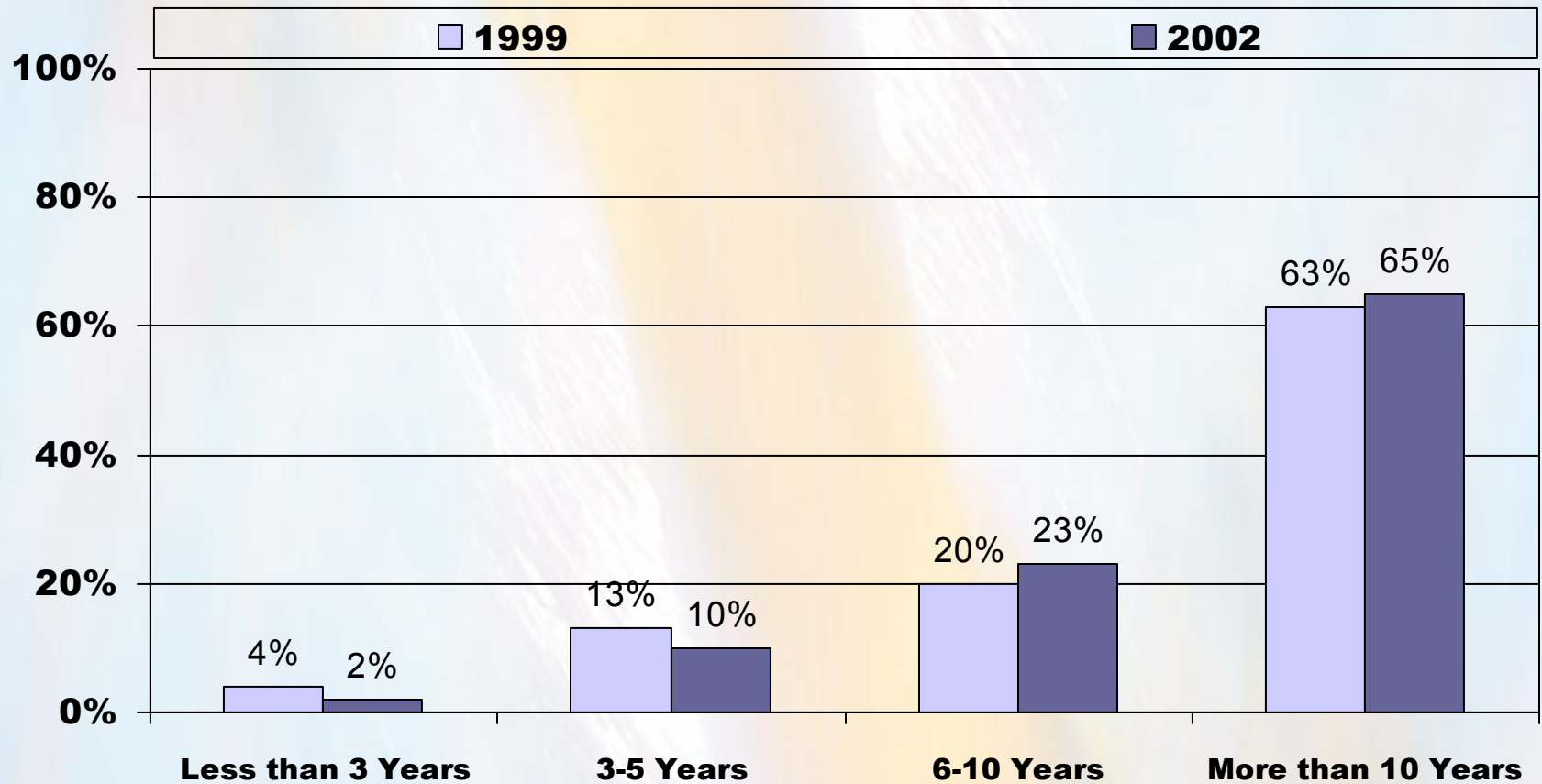
- The supply and demand for A/I physicians are currently roughly balanced in the US
- Supply appears to slightly exceed demand in communities with hospitals that train A/I physicians, but there appear to be many practice opportunities in other communities
- There is significant competition between allergists and between A/I physicians and non-A/I physicians in many communities
- There are significant variations in the A/I physician-to-population ratio across country
- Demand is likely to exceed supply for A/I physicians in the future due to an expected to rise in demand and steady or declining per capita supply

Perceptions of Supply/Demand Relationship among A/I Physicians, 1999, 2002, 2003



Sources: Survey of A/I Physicians 1999; IBIS Survey #1 2002; IBIS Survey #2 2003

Intentions to Retire or Significantly Reduce Time Spent in Patient Care, 1999, 2002



Sources: Survey of All Physicians 1999; IBIS Survey #1 2002

Selected Findings: The Practice Environment for A/I Physicians

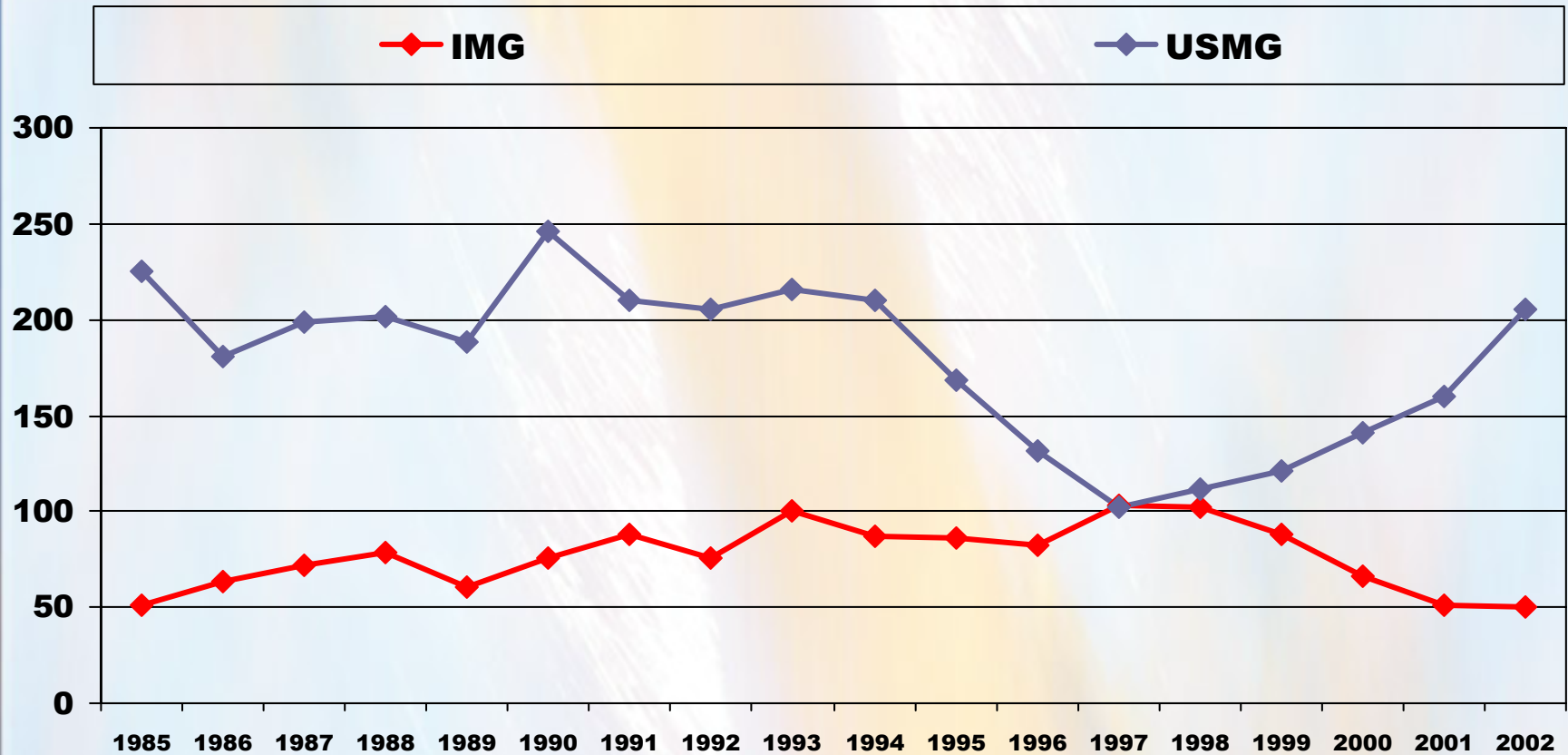
- Managed care did not reduce demand or income of most A/I physicians
- New technologies, medical interventions, and medications have not reduced demand for formally-trained A/I physicians
- Case complexity is increasing

A/I Graduate Medical Education Surveys, 1999-2002

Selected Findings: GME Surveys

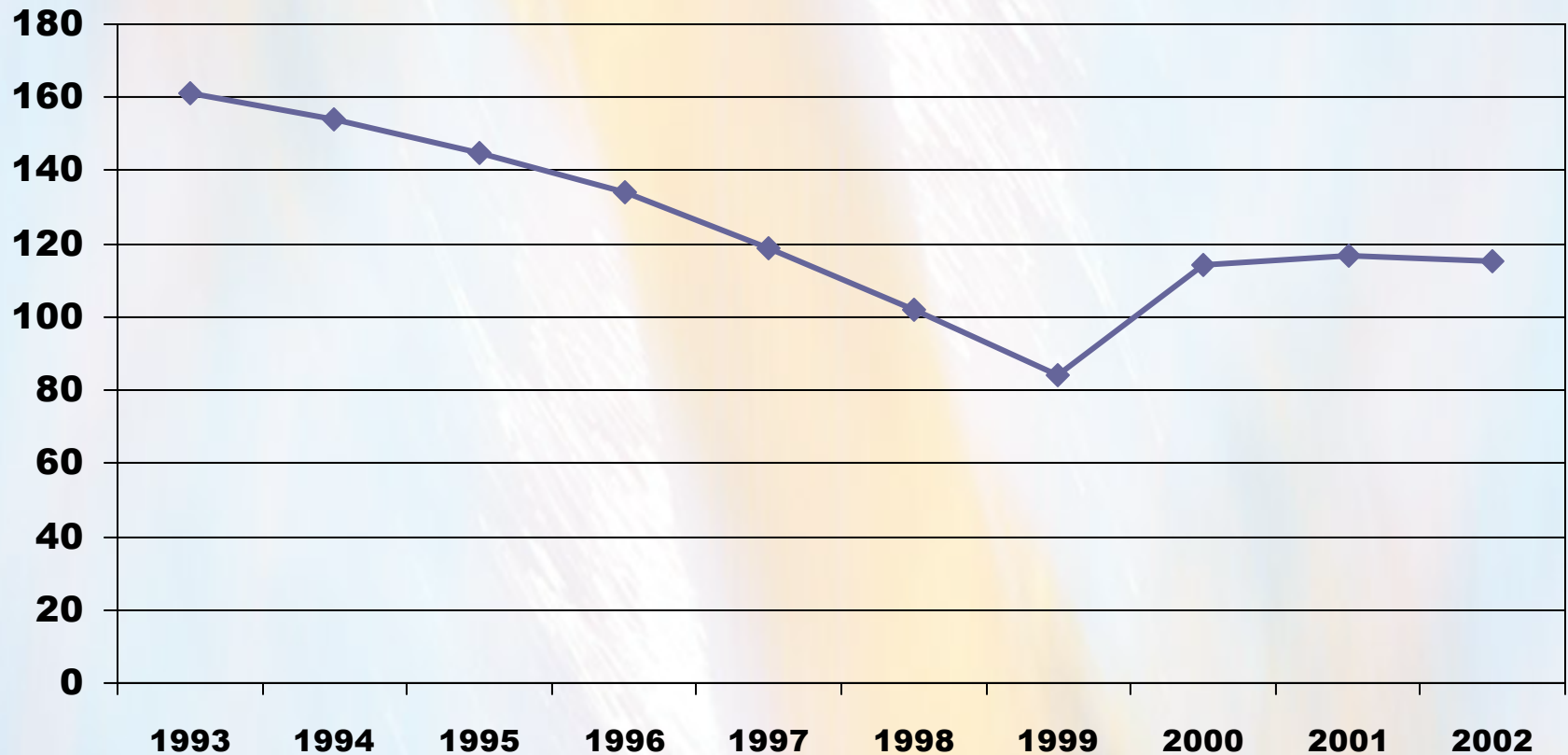
- Interest in the specialty of A/I has increased significantly
- An increasing number of US medical school graduates are applying for and entering A/I fellowship programs
- While the total number of A/I fellows completing training is no longer falling it has not risen significantly despite the increase in US medical school graduates
- Shortages of faculty and limits on institutional funding may be limiting expansion of fellowship positions
- The vast majority of physicians completing A/I training are very satisfied with the specialty

Number of USMG and IMG Fellows in A/I Training, 1985-2002



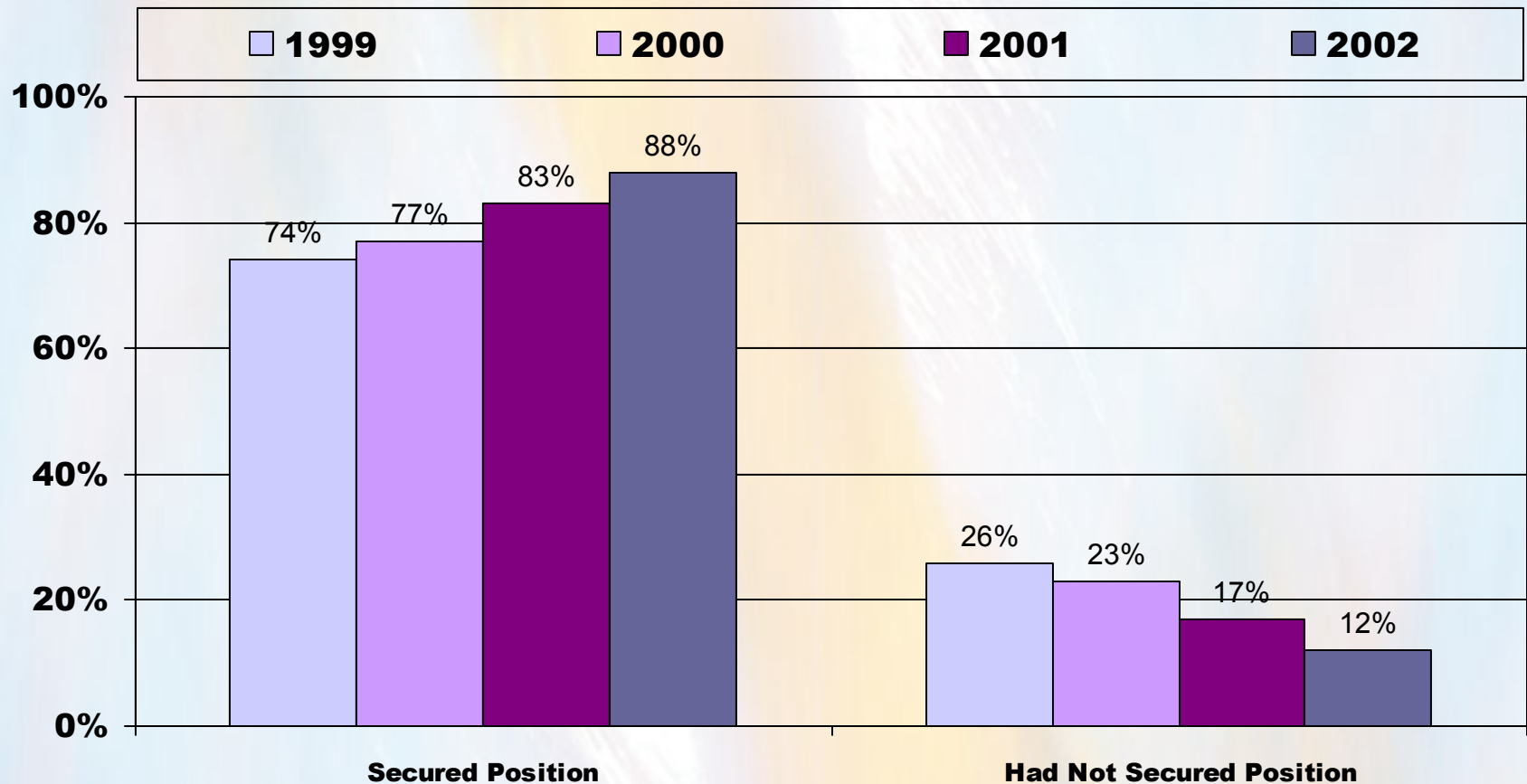
Source: JAMA Med Ed Theme Issues, 1986-2003

Number of Graduates of A/I Fellowship Programs, 1993-2002



Source: JAMA Med Ed Theme Issues, 1994-2003

Finding A Practice Position in Patient Care After A/I Training 1999-2002



Source: *Fellows Completing Training Surveys, 1999-2002*

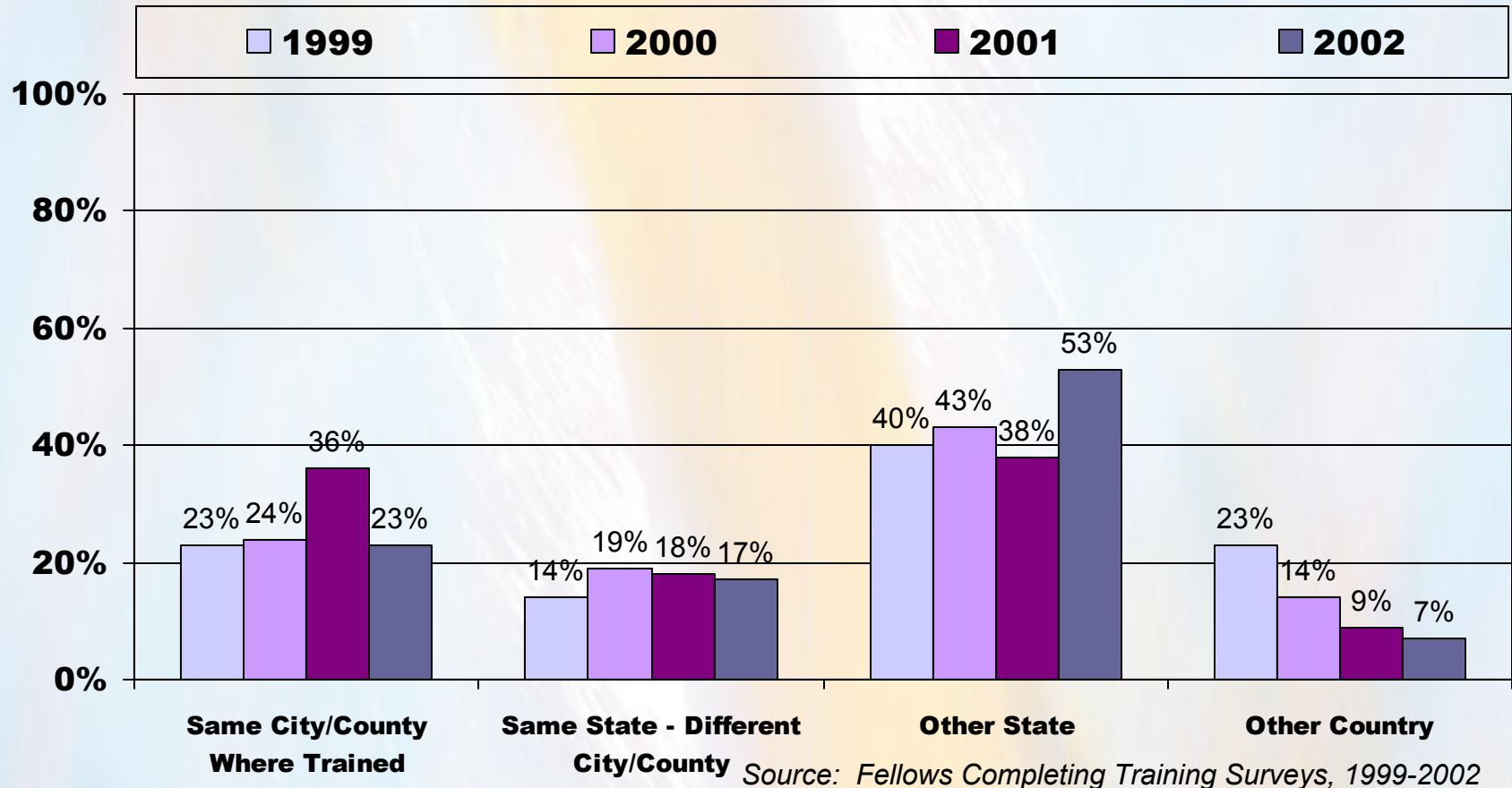
Planned Activities After Completing A/I Training, 1999-2002

	1999	2000	2001	2002
Patient Care / Clinical Practice	83%	89%	91%	95%
Research	35%	23%	22%	28%
Teaching	31%	40%	31%	36%
Temp. Inactive in Medicine	4%	0%	0%	4%
Additional Training	2%	10%	7%	1%
Other	2%	2%	9%	1%

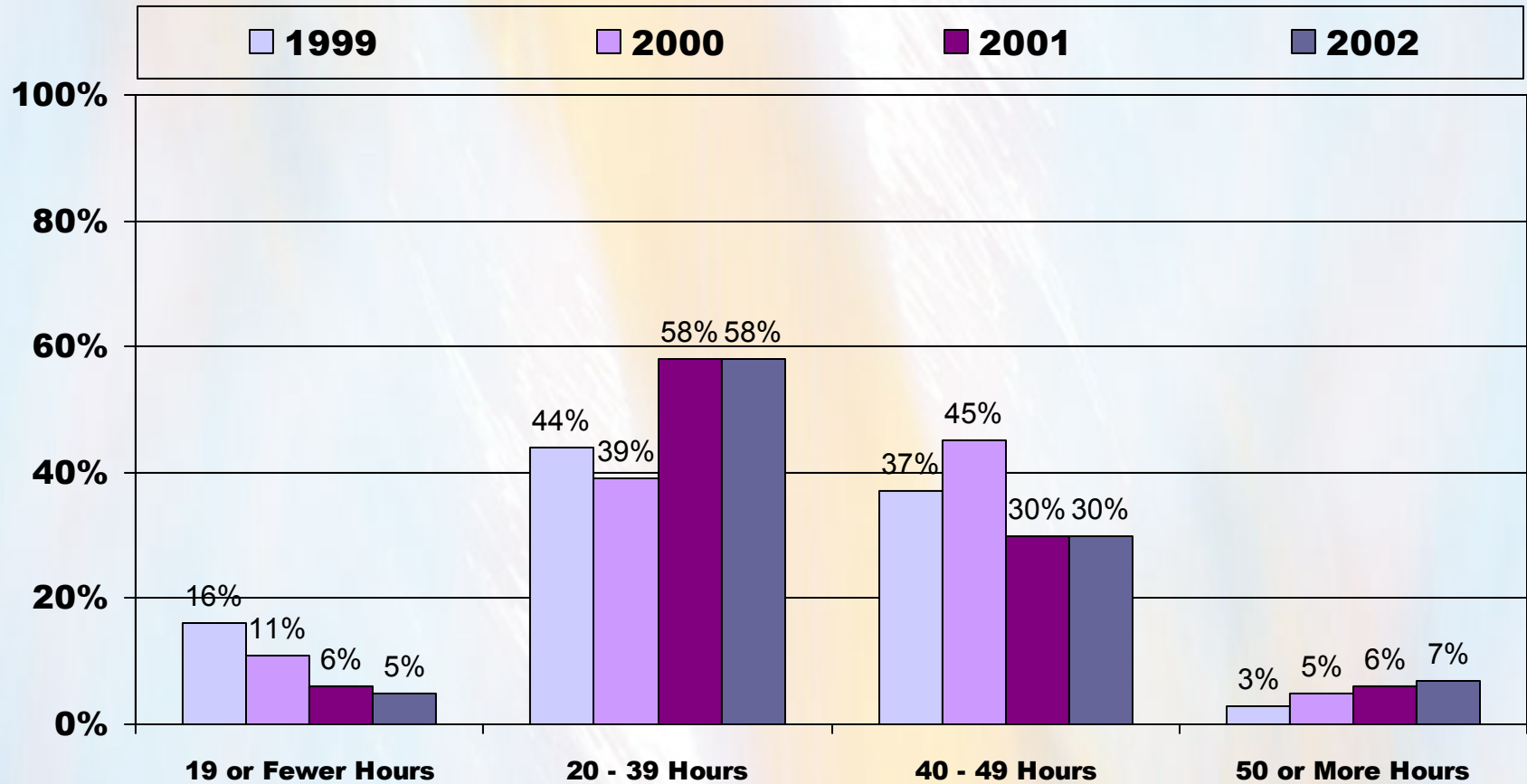
Multiple answers possible, columns may add to greater than 100%

Source: *Fellows Completing Training Surveys, 1999-2002*

Location of Planned Activities After Completing A/I Training, 1999-2002



Expected Weekly Direct Patient Care Hours, 1999-2002



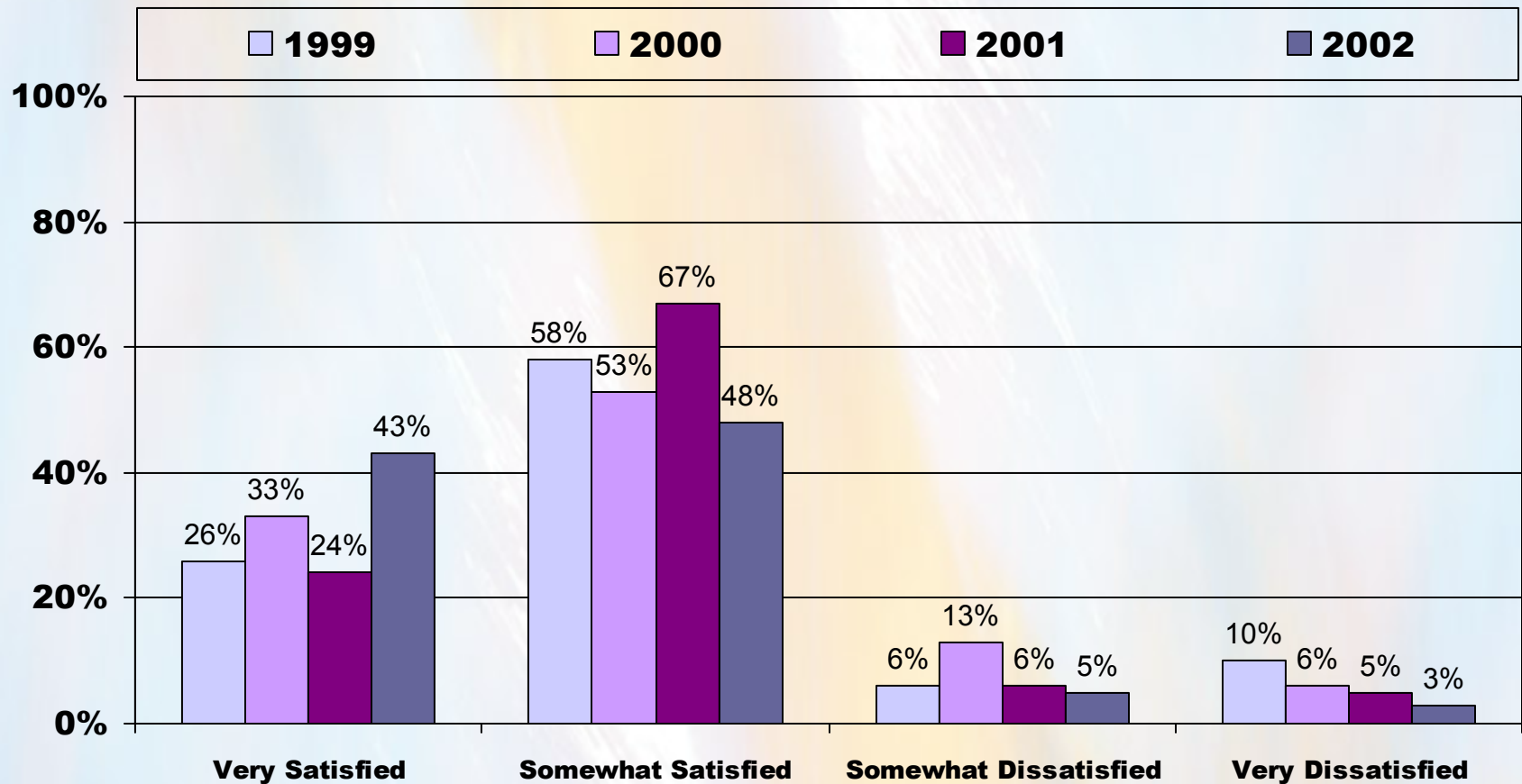
Source: *Fellows Completing Training Surveys, 1999-2002*

Mean Expected Compensation Level After Completing Training, 1999-2002

	1999	2000	2001	2002
Total Compensation	\$118,300	\$116,000	\$128,300	\$134,000
Base Salary	\$103,300	\$103,900	113,300	\$117,000
Incentive Salary	\$15,000	\$12,100	\$15,000	\$17,000

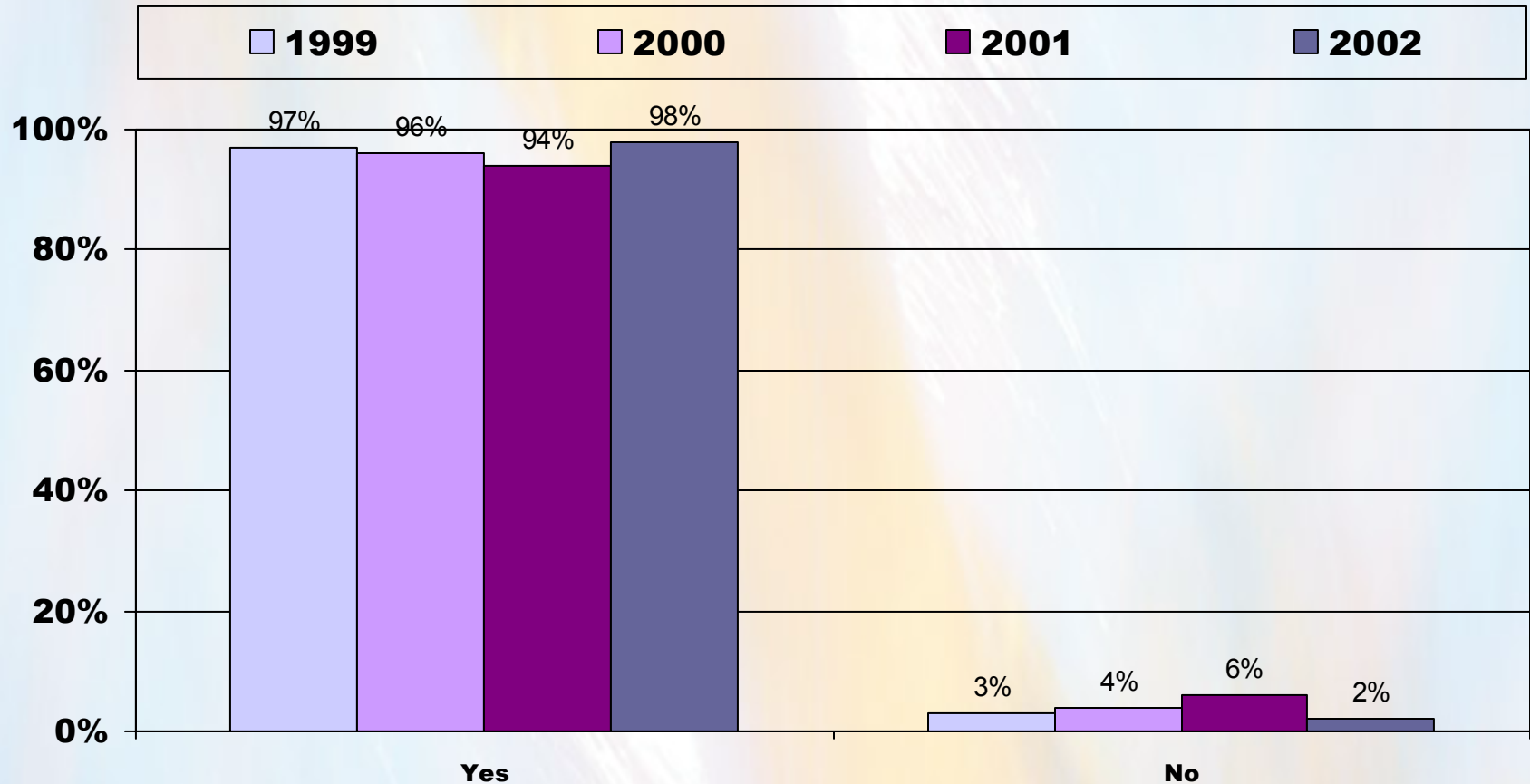
Source: Fellows Completing Training Surveys, 1999-2002

Satisfaction with Anticipated Compensation, 1999-2002



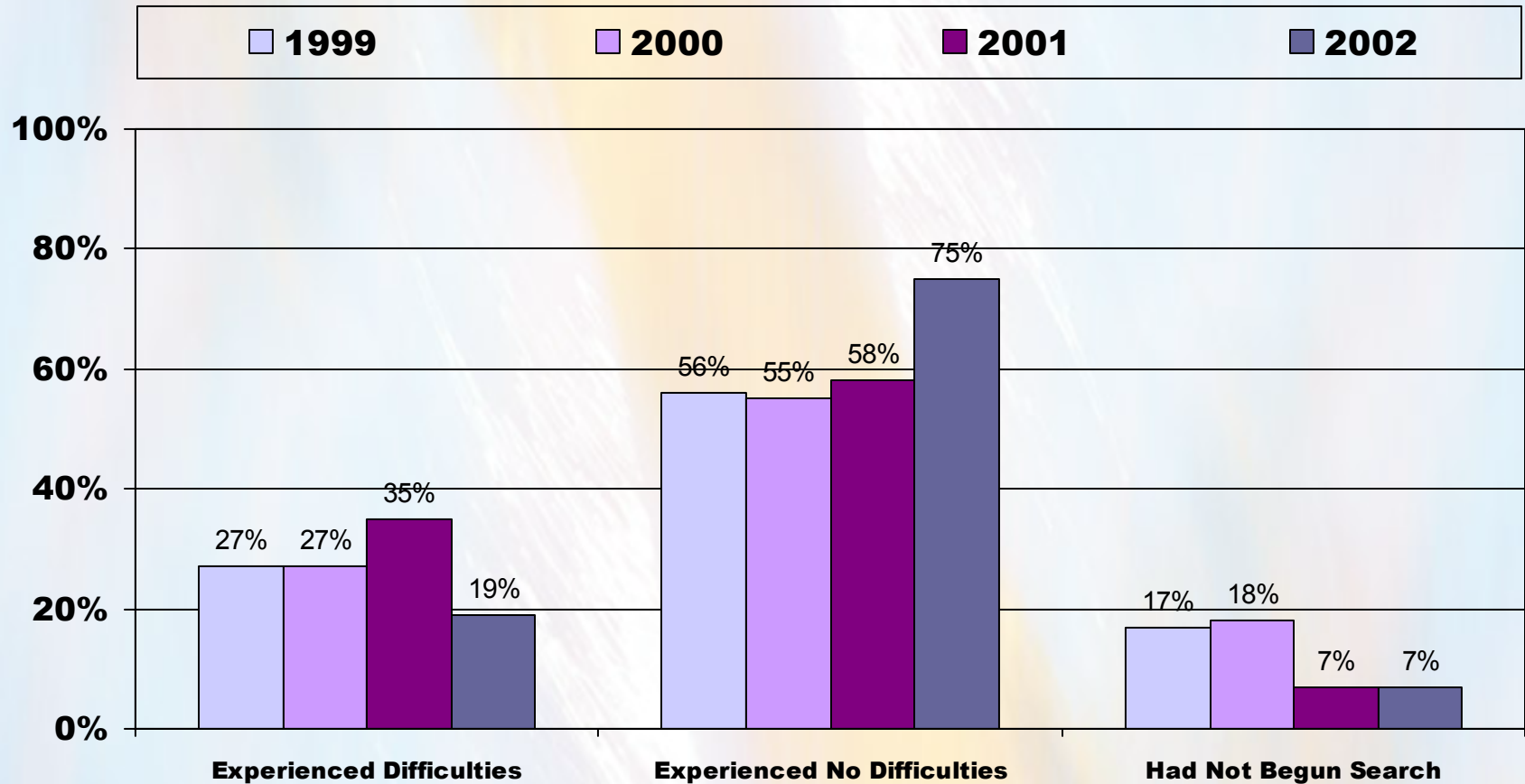
Source: *Fellows Completing Training Surveys, 1999-2002*

Willingness to Recommend A/I to Other Physicians in Training, 1999-2002



Source: *Fellows Completing Training Surveys, 1999-2002*

Practice Position Search Experiences, 1999-2002



Source: *Fellows Completing Training Surveys, 1999-2002*

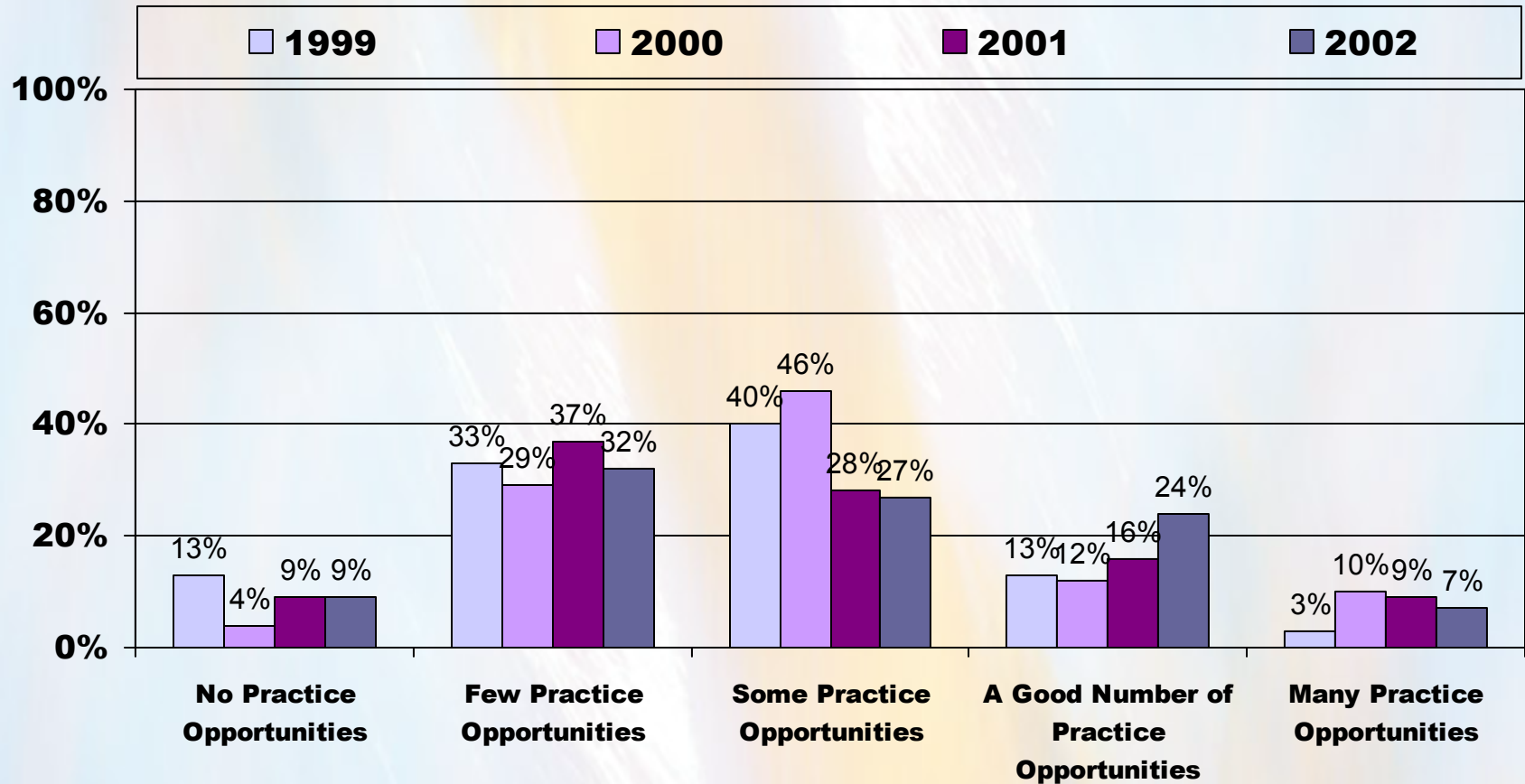
Reasons for Difficulty Finding a Practice Position, 1999-2002

	1999	2000	2001	2002
Lack of Positions in Desired Locations	62%	77%	67%	71%
Lack of Positions in Desired Practice Settings	38%	23%	40%	21%
Limited Opportunities due to Visa Status	38%	32%	33%	14%
Family Considerations	38%	14%	27%	43%
Inadequate Salary/Compensation Offered	23%	9%	33%	29%
Overall Lack of Positions/Practice Opportunities	15%	5%	20%	7%

Multiple answers possible, columns may add to greater than 100%

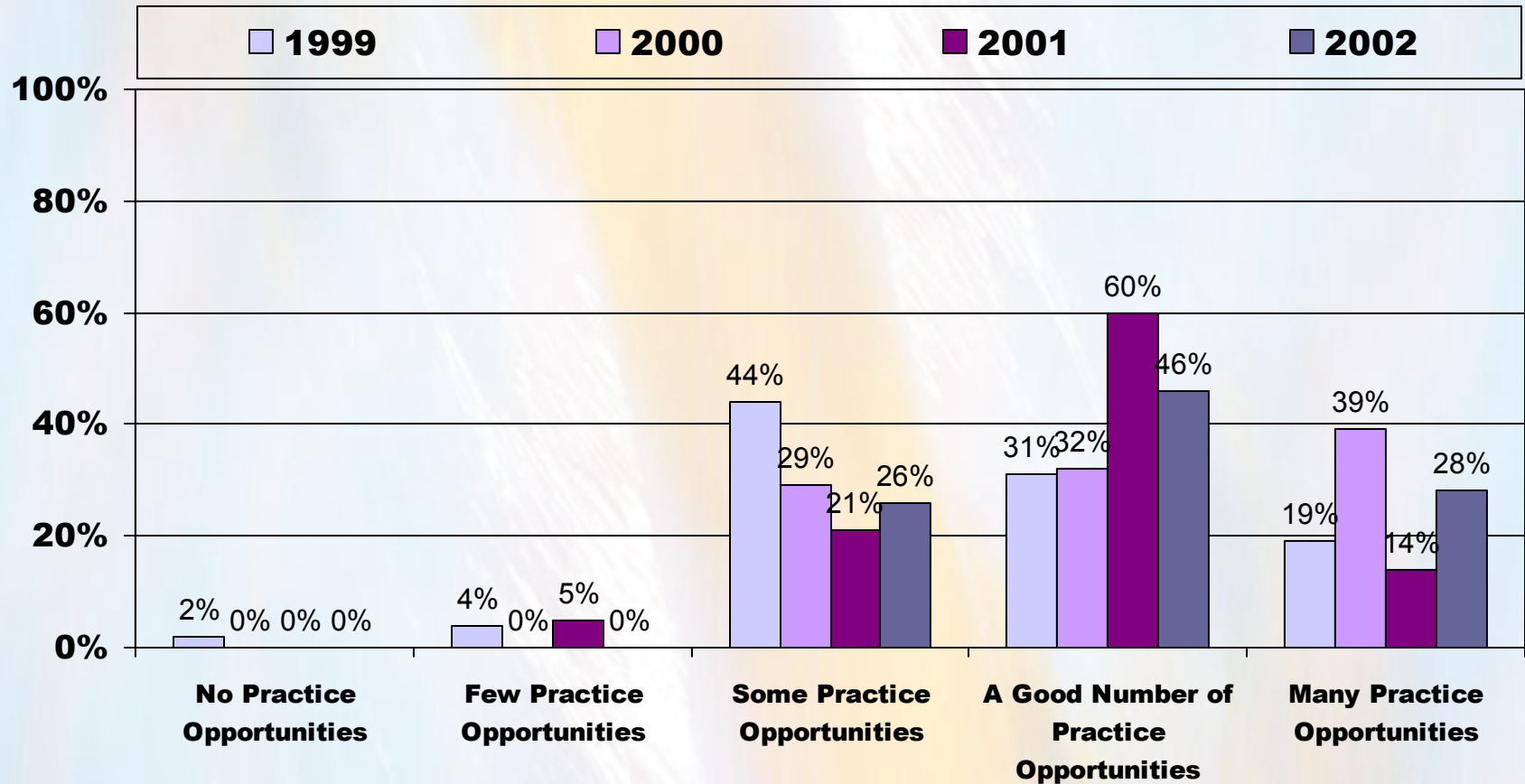
Source: Fellows Completing Training Surveys, 1999-2002

Assessment of A/I Practice Opportunities within 50 Miles of Training Site, 1999-2002



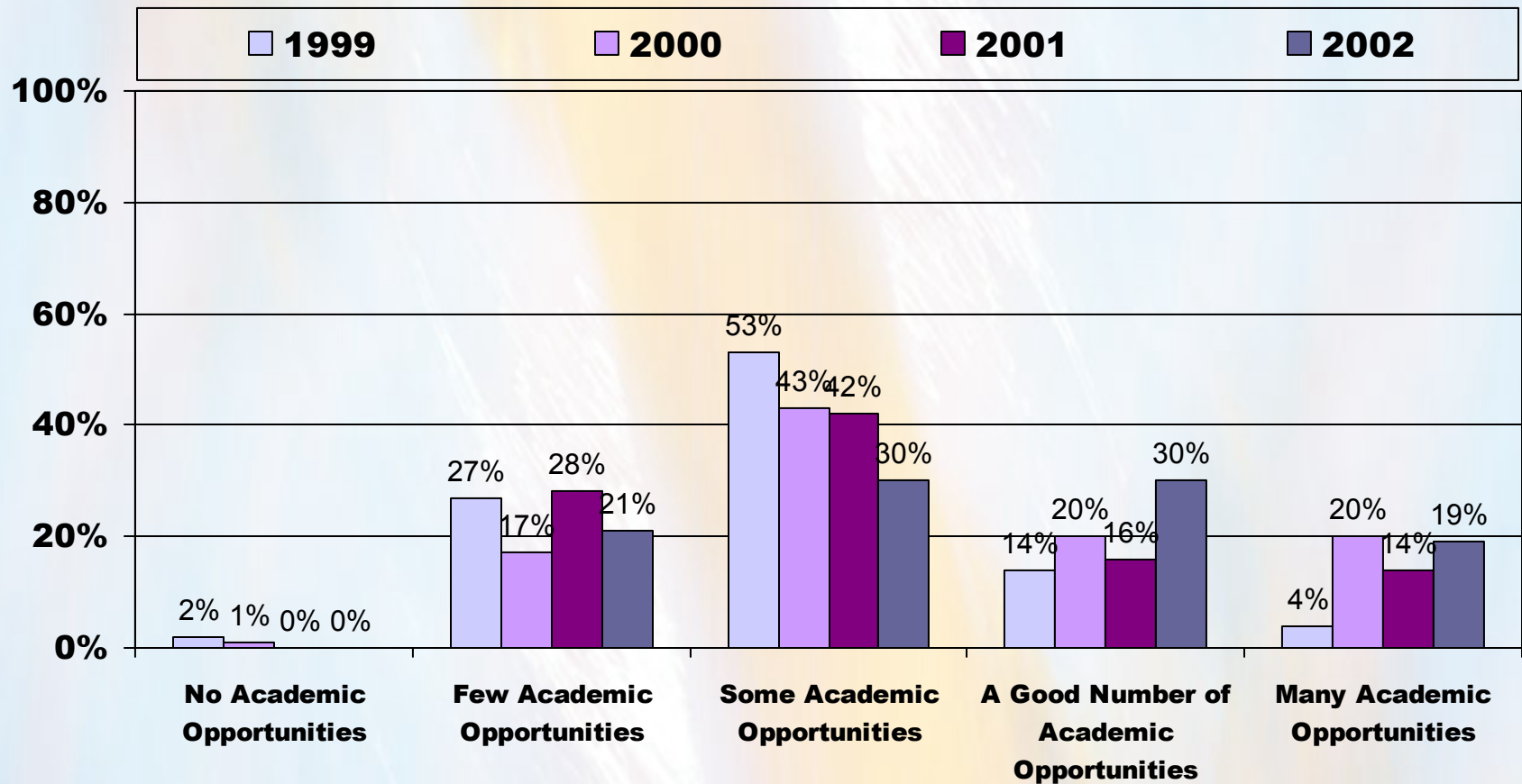
Source: *Fellows Completing Training Surveys, 1999-2002*

Assessment of National A/I Practice Opportunities, 1999-2002



Source: *Fellows Completing Training Surveys, 1999-2002*

Assessment of National A/I Academic Opportunities, 1999-2002



Source: *Fellows Completing Training Surveys, 1999-2002*

A/I Workforce Reports

All of the data and findings presented today
are available at the Center's website:

<http://chws.albany.edu>