

# ***The Physician Workforce: Recent Data and Policy Issues***

Presentation to:

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Resident Leadership Program

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**Gaetano Forte**

Physician Workforce Studies Unit Director  
Center for Health Workforce Studies  
School of Public Health, University at Albany  
<http://chws.albany.edu>



# *The Center for Health Workforce Studies at the University at Albany*

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- 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 five regional centers with a cooperative agreement with HRSA/Bureau of Health Professions



# *Key Physician Workforce Policy Questions*

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1. How many physicians should the nation educate to meet the health care needs of the nation?
2. What mix of generalist and non-generalist specialties?
3. What mix of US and international medical school graduates?
4. Where in the US should physicians be educated and trained?
5. How can we get more physicians to underserved areas?
6. What planning and decision making process should the nation have for physician workforce planning?



# *Physician Workforce Planning in America*

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- Public support for medical education and GME but no national planning system
- Resistance to central control
- Broad federal guidelines
- Limited use of fiscal incentives
- Limited role for states
- Use of the marketplace

# *Development of Current Physician Workforce Goals*

- 1945 – 1980: Concern with physician shortages
- 1980 – 2000: Concern with surpluses and primary care/specialist mix
  - GMENAC report (1980) marks shift in concern
  - COGME reports 3, 4 and 8 (early 1990s)
  - Articles on impact of managed care
  - Comparisons with Europe and Canada
  - COGME recommends GME goal of “110-50-50”
  - Questions on the benefits of additional physicians



## *The Challenges to the Forecast of a Surplus and the 50% Primary Care Goal*

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- COGME's 14<sup>th</sup> Report: Factors Impacting on Supply and Demand
- The evolution of managed care
- Changing physician practice patterns
- Reports of growing shortages in selected specialties such as child psychiatry, gastroenterology, anesthesiology and radiology
- Continued large inflow of IMGs
- Results of resident exit surveys
- Articles by Richard (Buz) Cooper



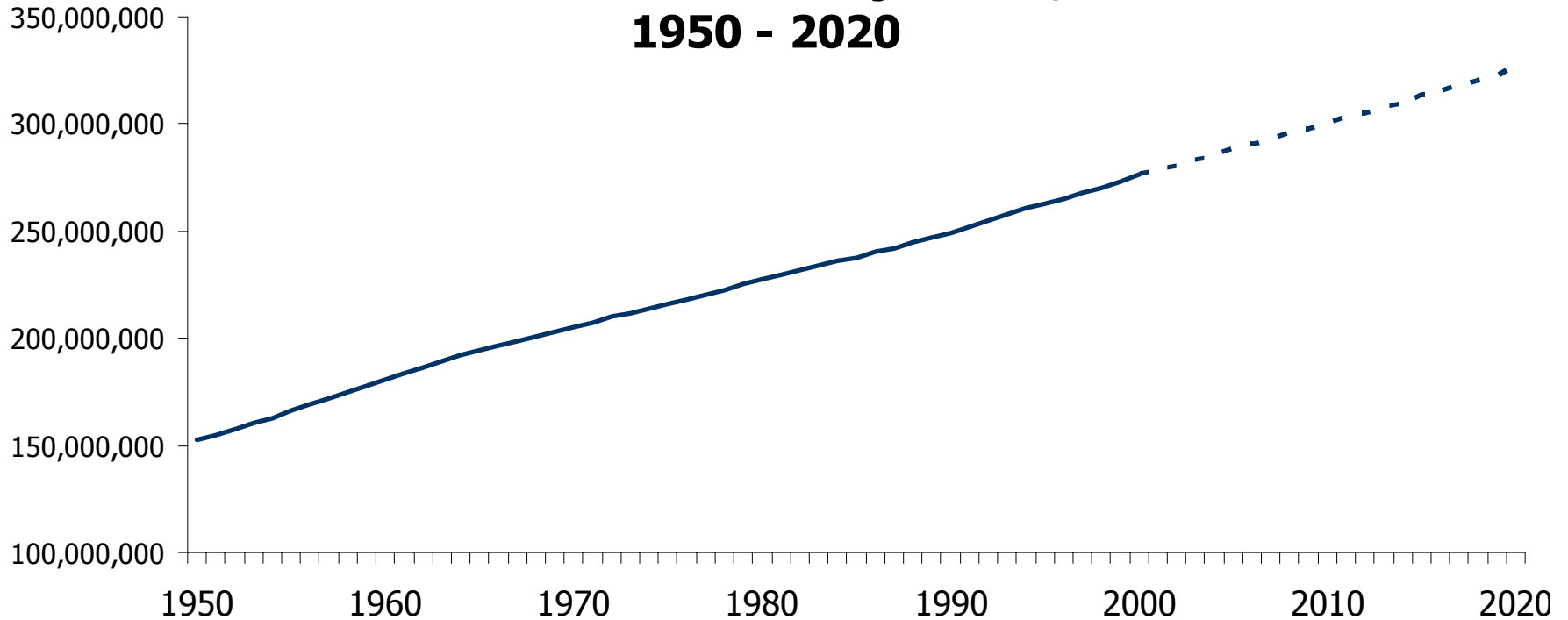
# *Underlying Trends Affecting the Demand and Need for Physician Services in 2020*

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- Growth of the population
- Aging of the population
- Increasing rates of utilization
- Economic growth of the nation

# *Population Growth*

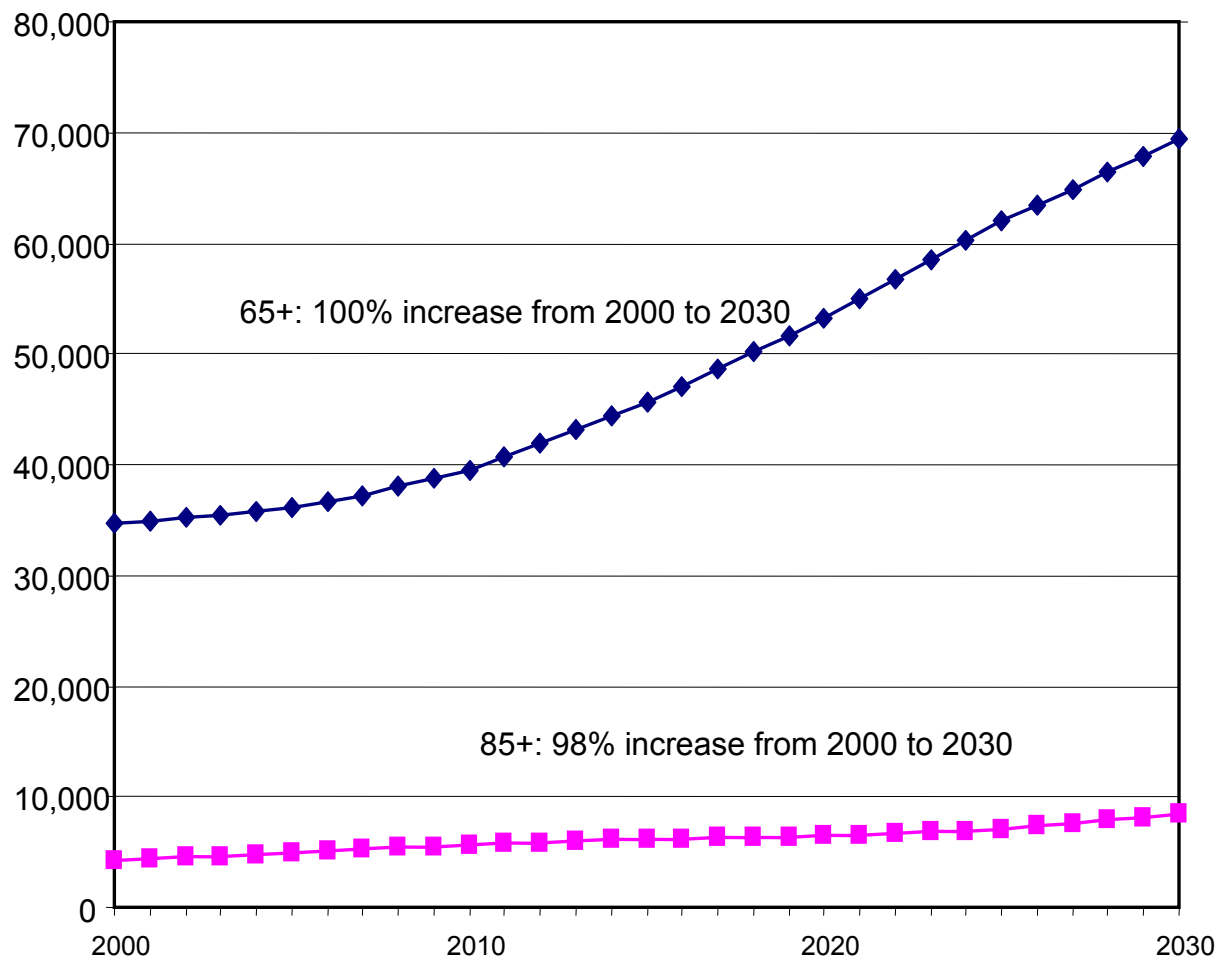
## **United States National Population Estimates and Projections, 1950 - 2020**



Source: U.S. Bureau of Census National Population Estimates; Middle Series Population Projections

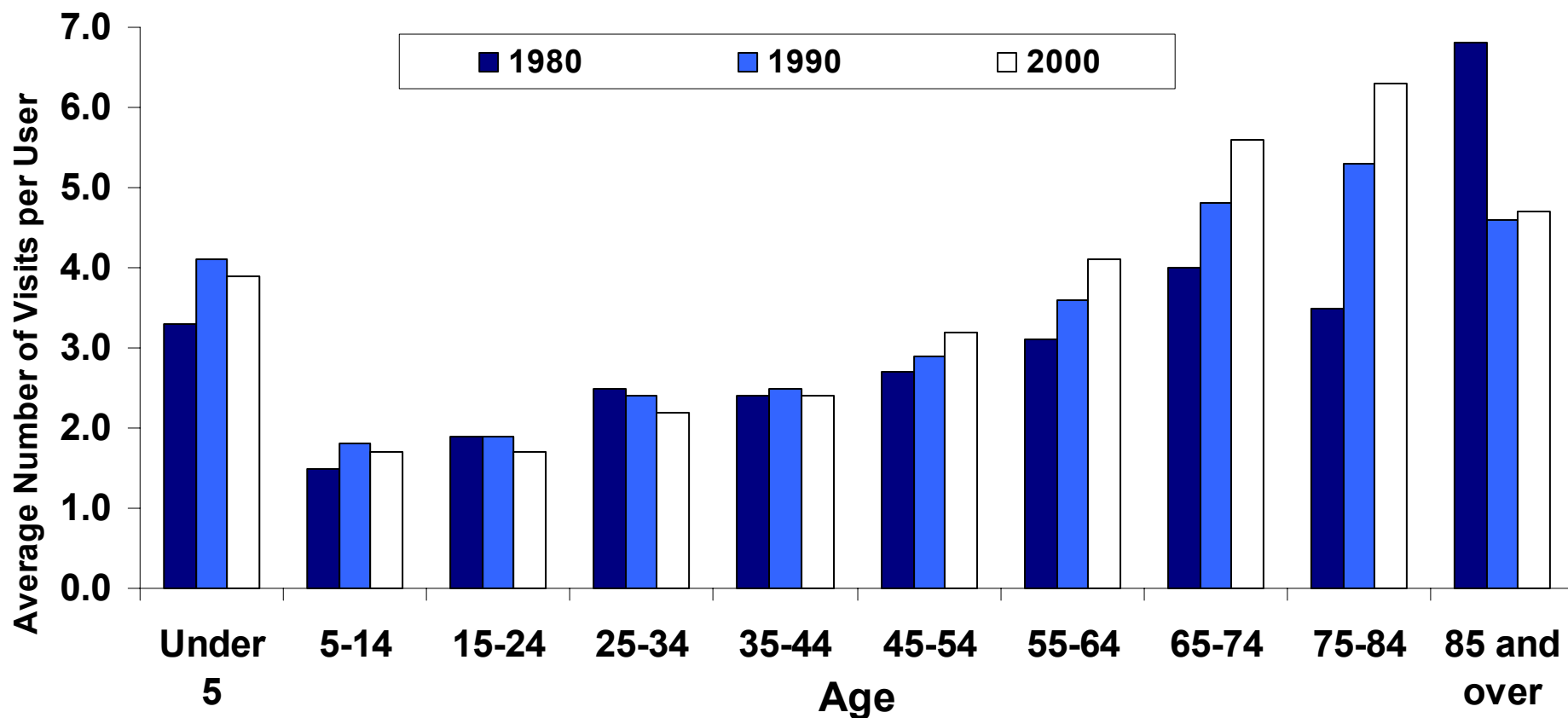


# *Number of Americans Over 65 and Over 85, 2000 - 2030*



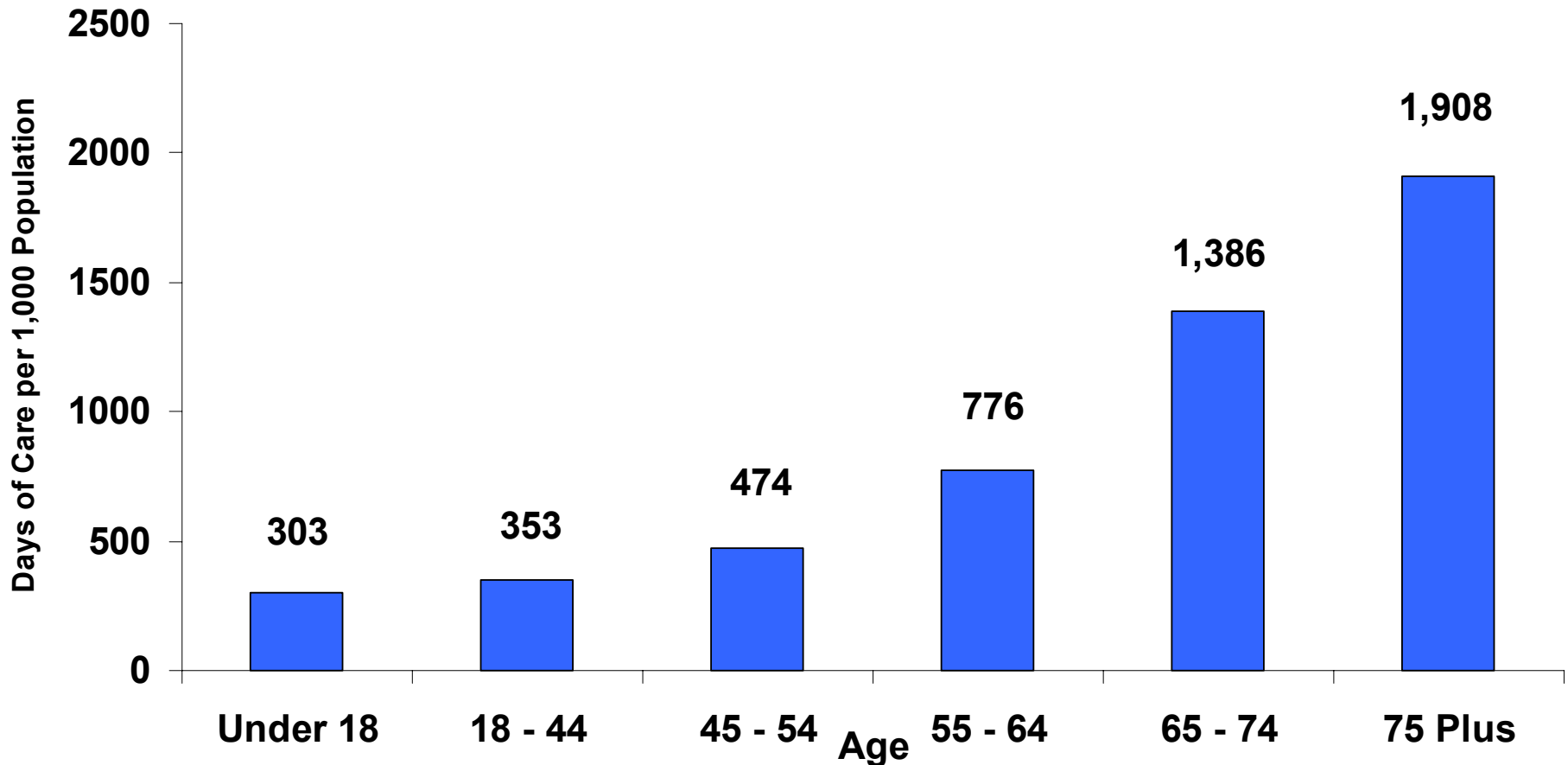
Source: U.S. Census Bureau

# *Estimates of Ambulatory Care Visits to Physician Offices and Clinics, 1980-2000*



Source: National Ambulatory Medical Care Survey

# *Days of Care in Short-Stay Hospitals, 1999*



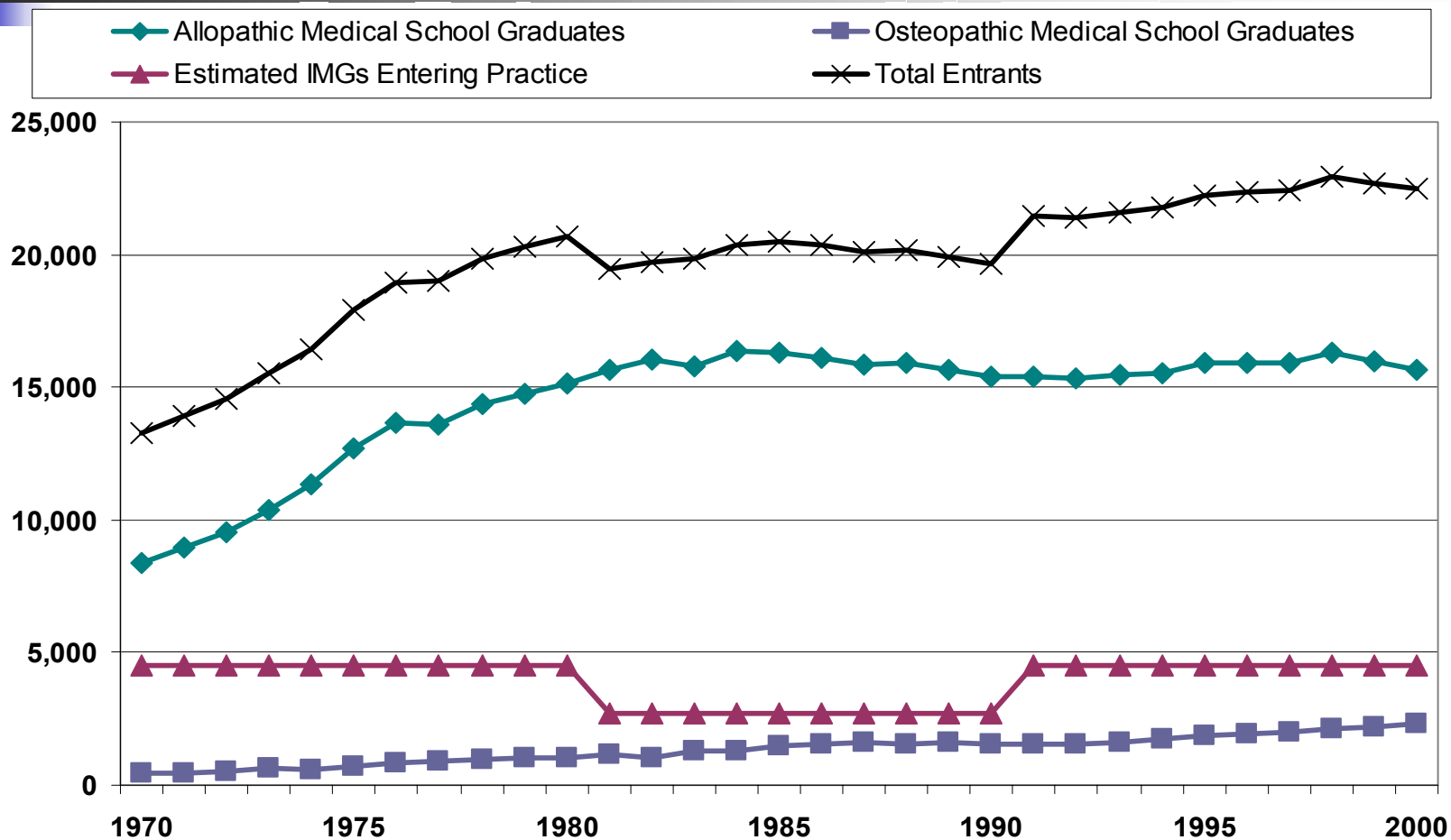


# *Underlying Trends Impacting on the Supply of Physicians*

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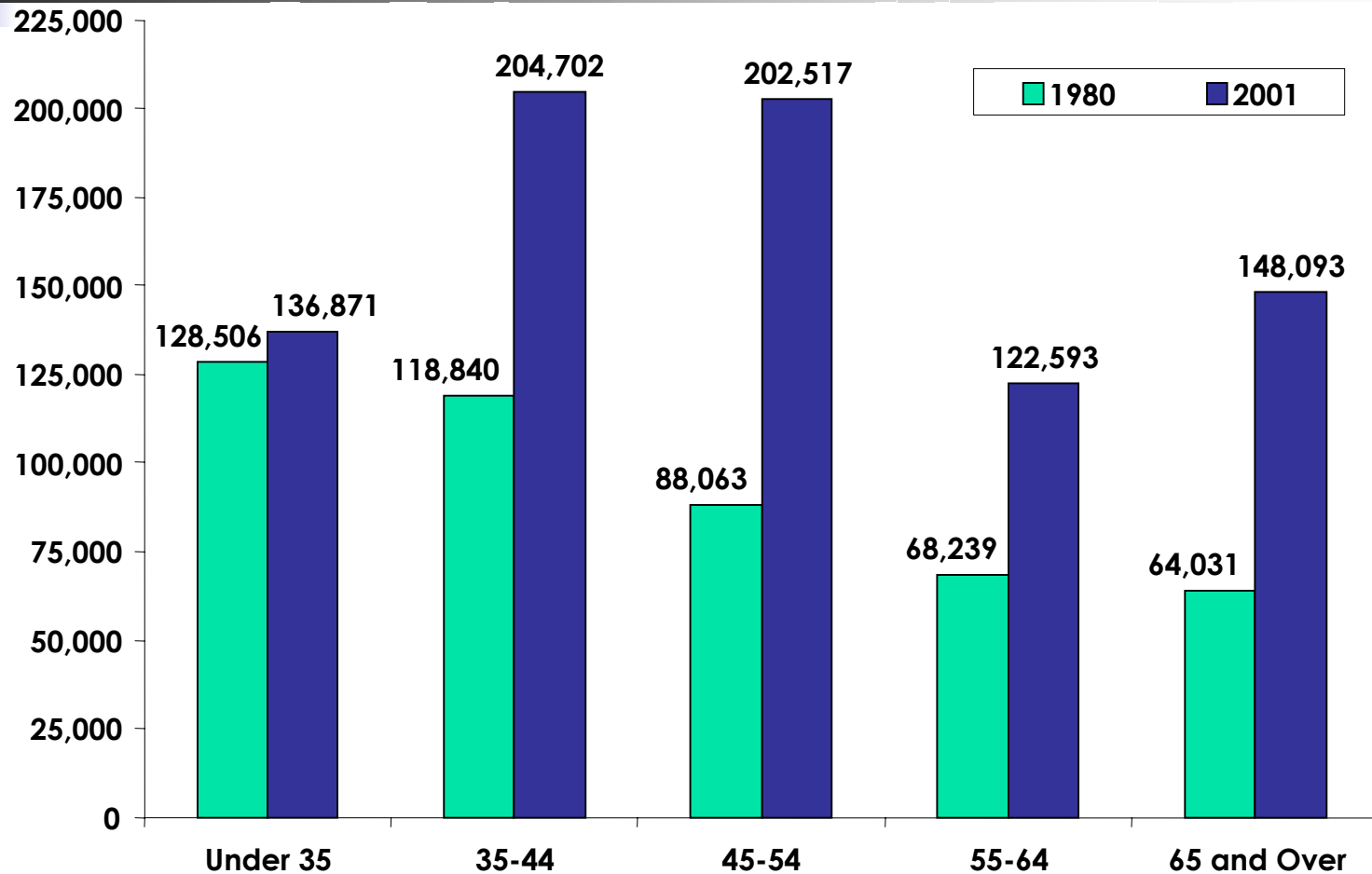
- Steady level of production past 20 years
- Aging of the physician workforce
- New physician lifestyle choices

# *Trends in the Number of Entrants into U.S. Medical Practice, 1970 - 2000*



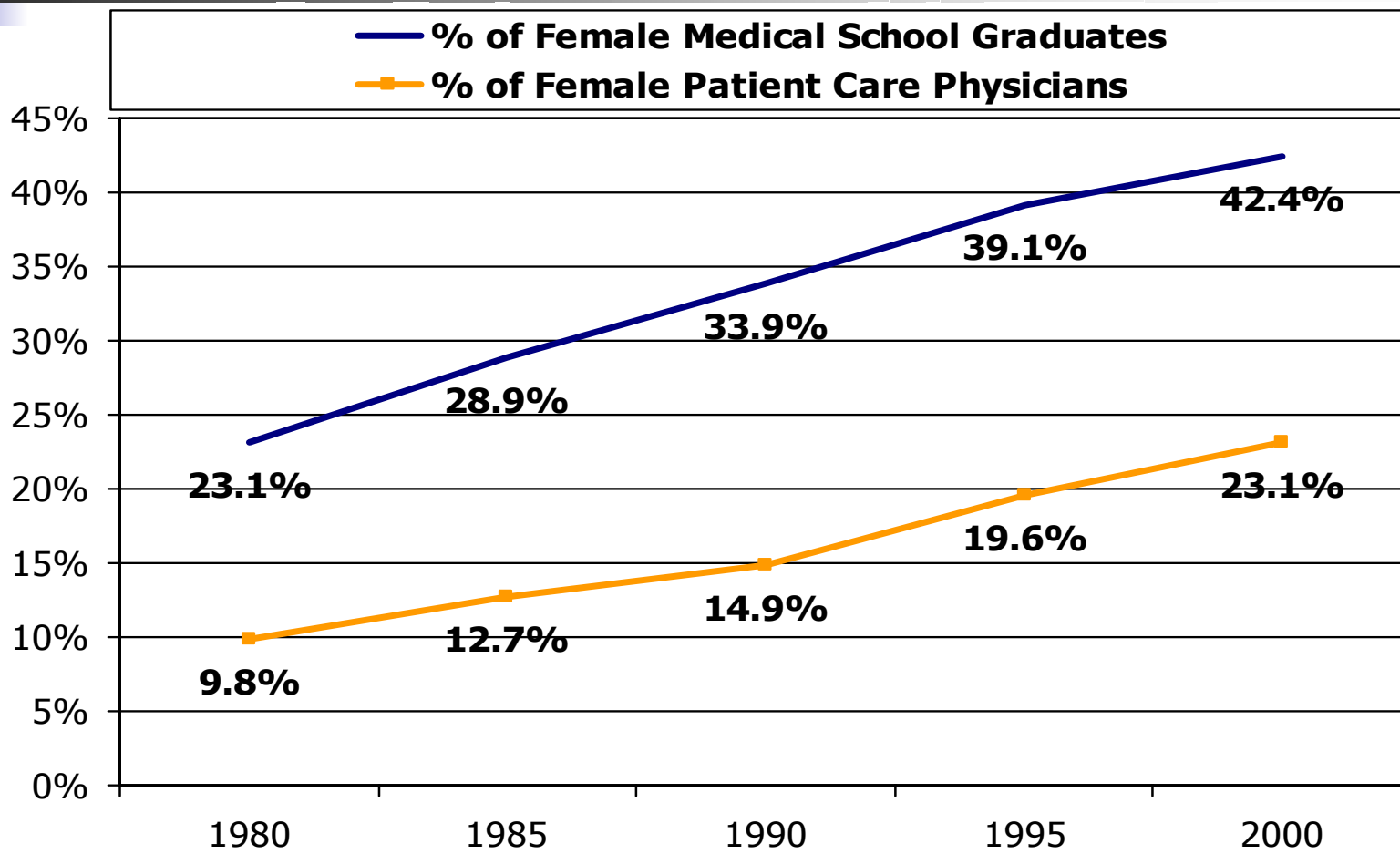
Sources: AAMC; AACOM; AMA

# Physician Age Distribution, 1980 and 2001




Source: AMA

# *The Increasing Representation of Women in Medicine, 1980- 2000*



Sources: AAMC; AACOM; AMA



*What Does Marketplace Data Tell Us  
About the Adequacy of the Supply of  
Physicians?*

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*Results of the  
Survey of Residents Completing Training  
in New York and California*



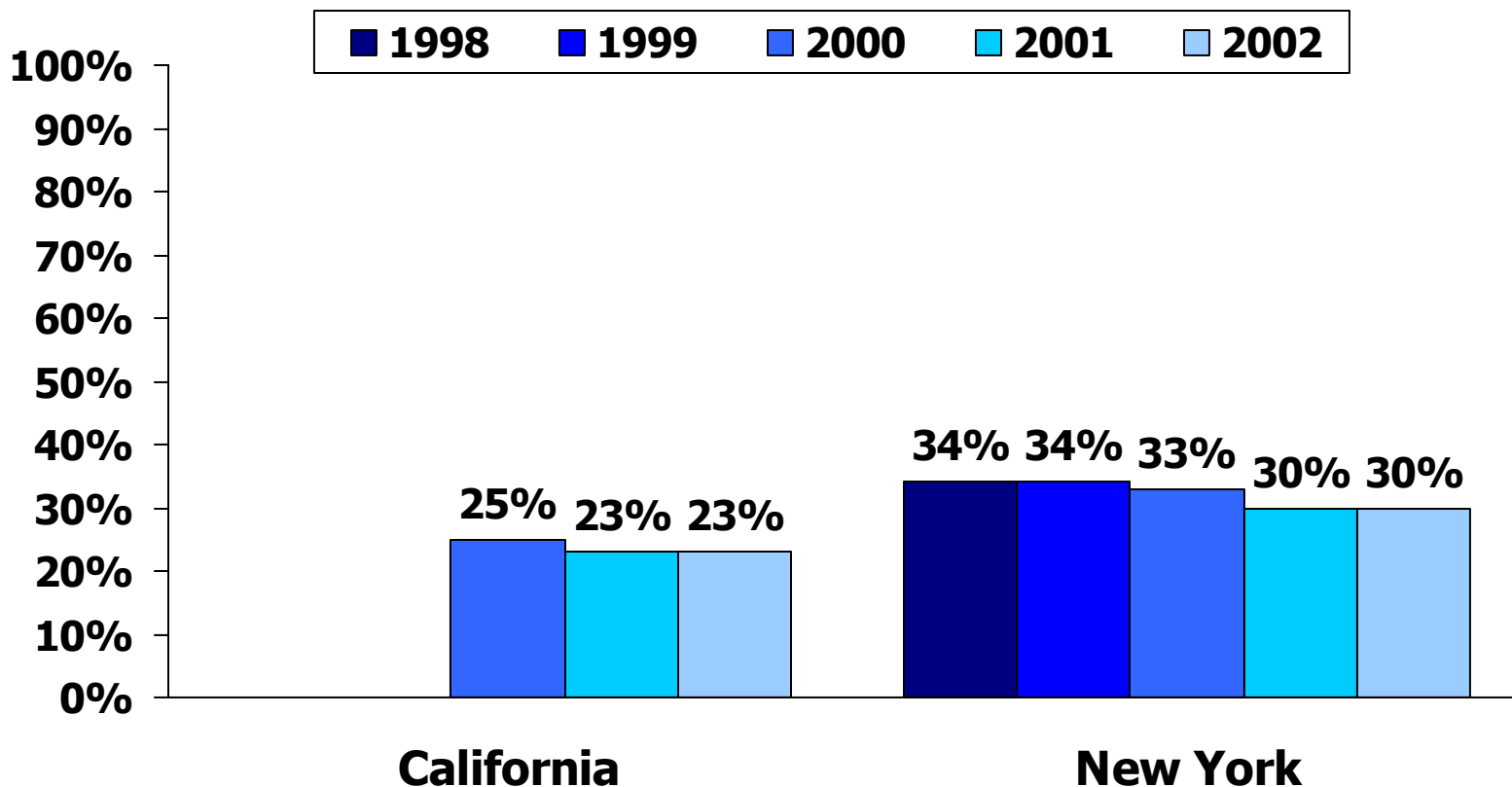


## *Observation #1*

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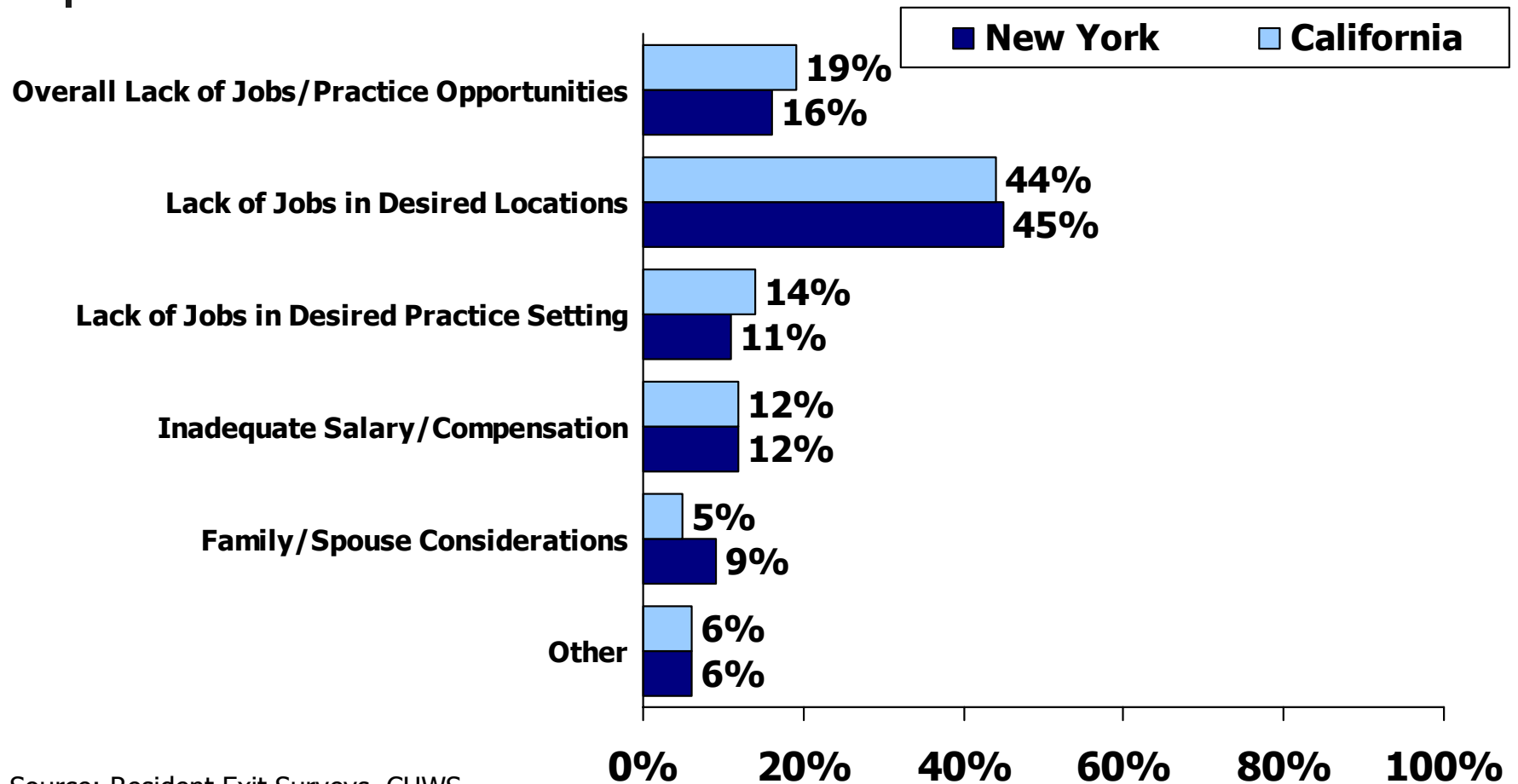
- The demand for new physicians is strong in New York where there are approximately 300 patient care physicians per 100,000 population and 55 patient care NPs and PAs per 100,000.
- Demand is strong in California with 190 patient care physicians per 100,000 and a high concentration of managed care.

*Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position (of Resp who have Searched for a Job, IMGs on Temp Visas Excluded)*



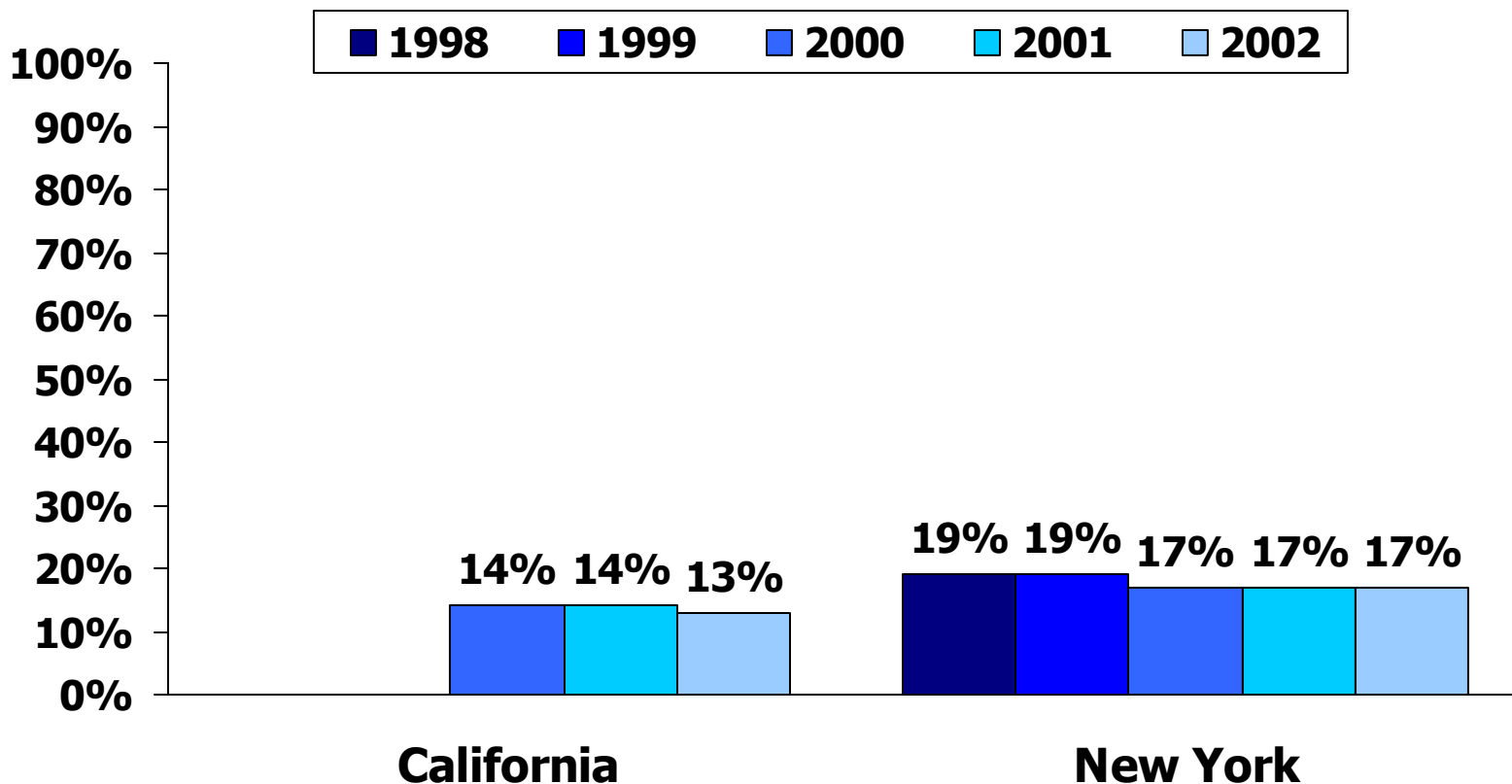
Source: Resident Exit Surveys, CHWS

# *Main Reason for Difficulty Finding a Satisfactory Practice Position (of those who had difficulty, IMGs on Temp Visas Excluded), 2002*



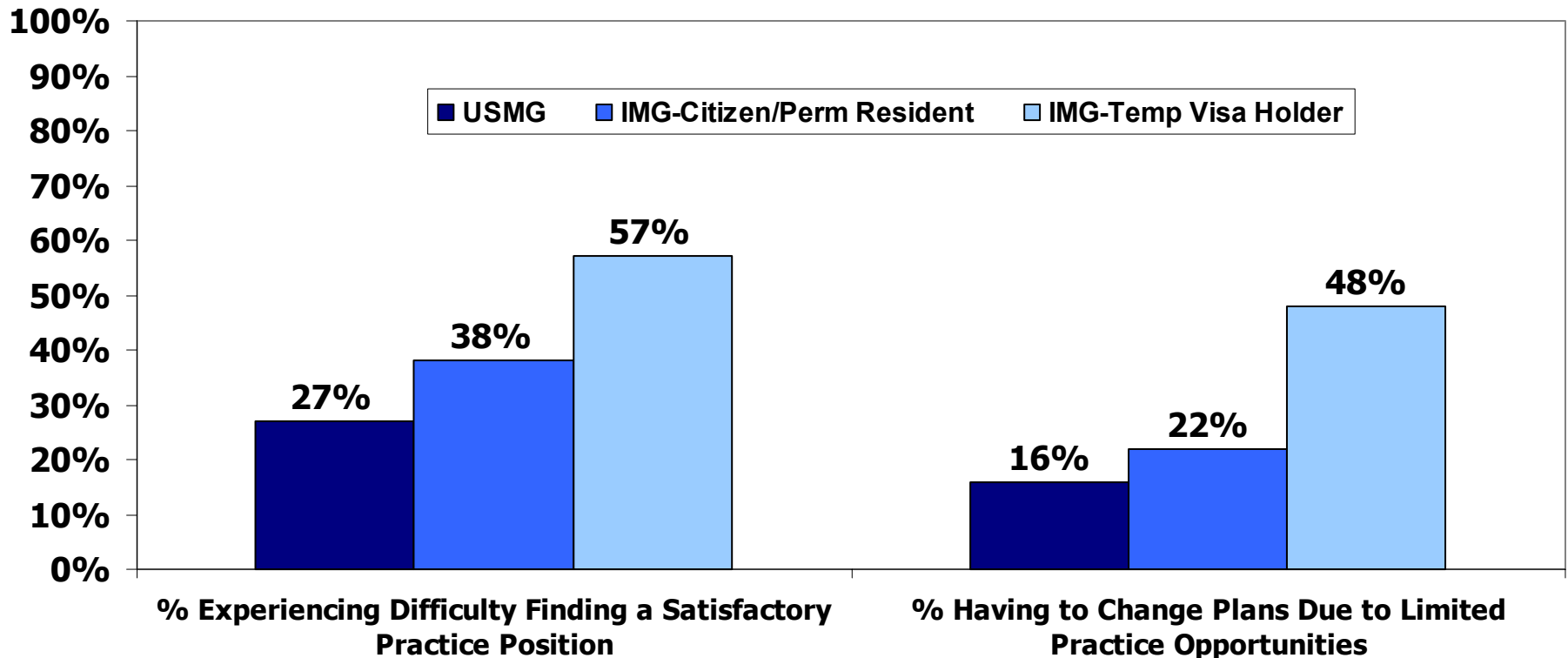
Source: Resident Exit Surveys, CHWS

*Percent of New Physicians Having to Change Plans Due to Limited Practice Opportunities (of those who have searched for a job, temp visas IMGs excluded)*



Source: Resident Exit Surveys, CHWS

*Percent of NY Respondents Having Difficulty Finding a Satisfactory Practice Position and Having to Change Plans Due to Limited Practice Opportunities by Location of Med School & Citizenship Status, (of 2001 Respondents who have searched for a job)*



Source: NY Resident Exit Surveys, CHWS

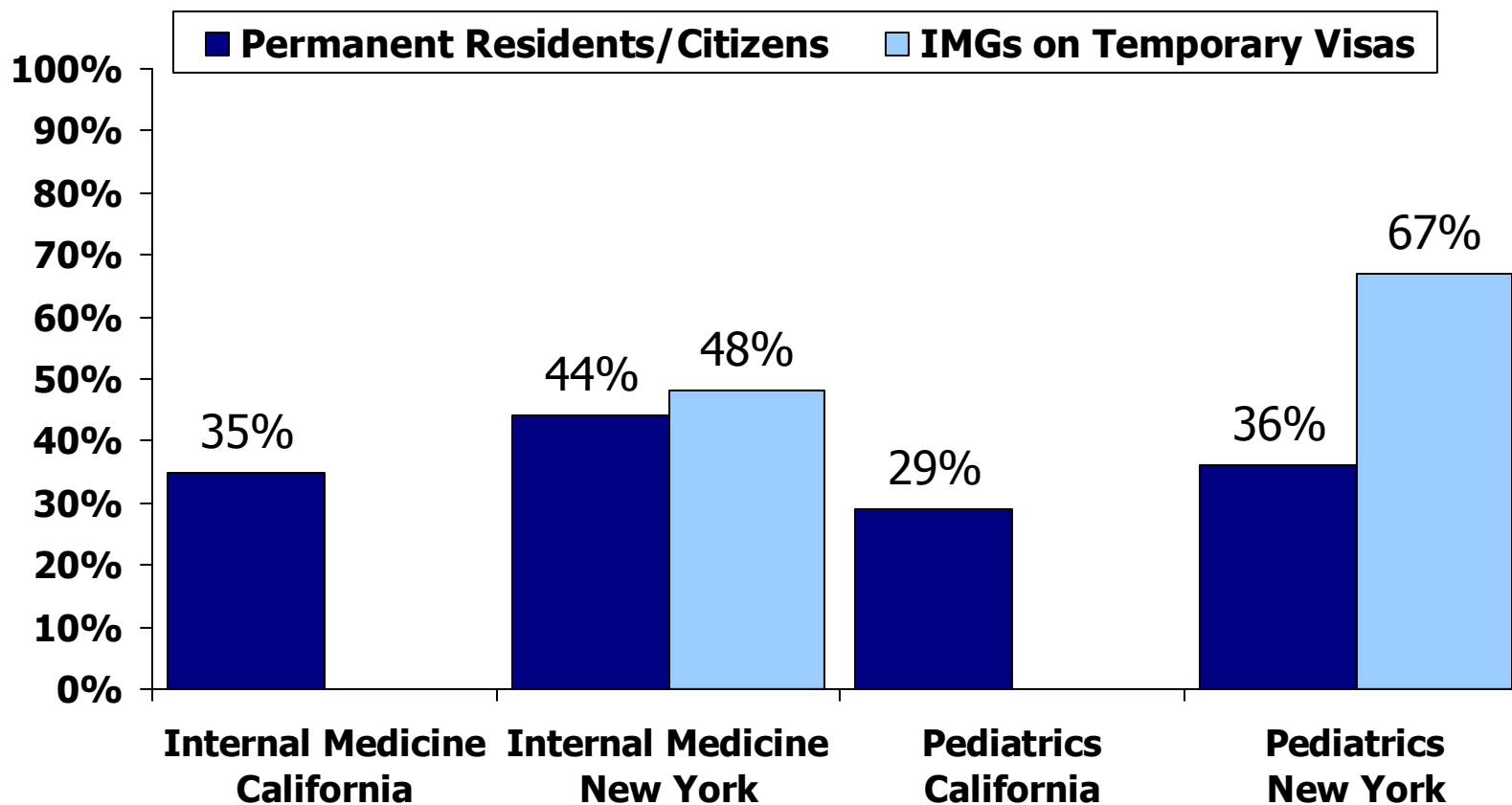


## *Observation #2*

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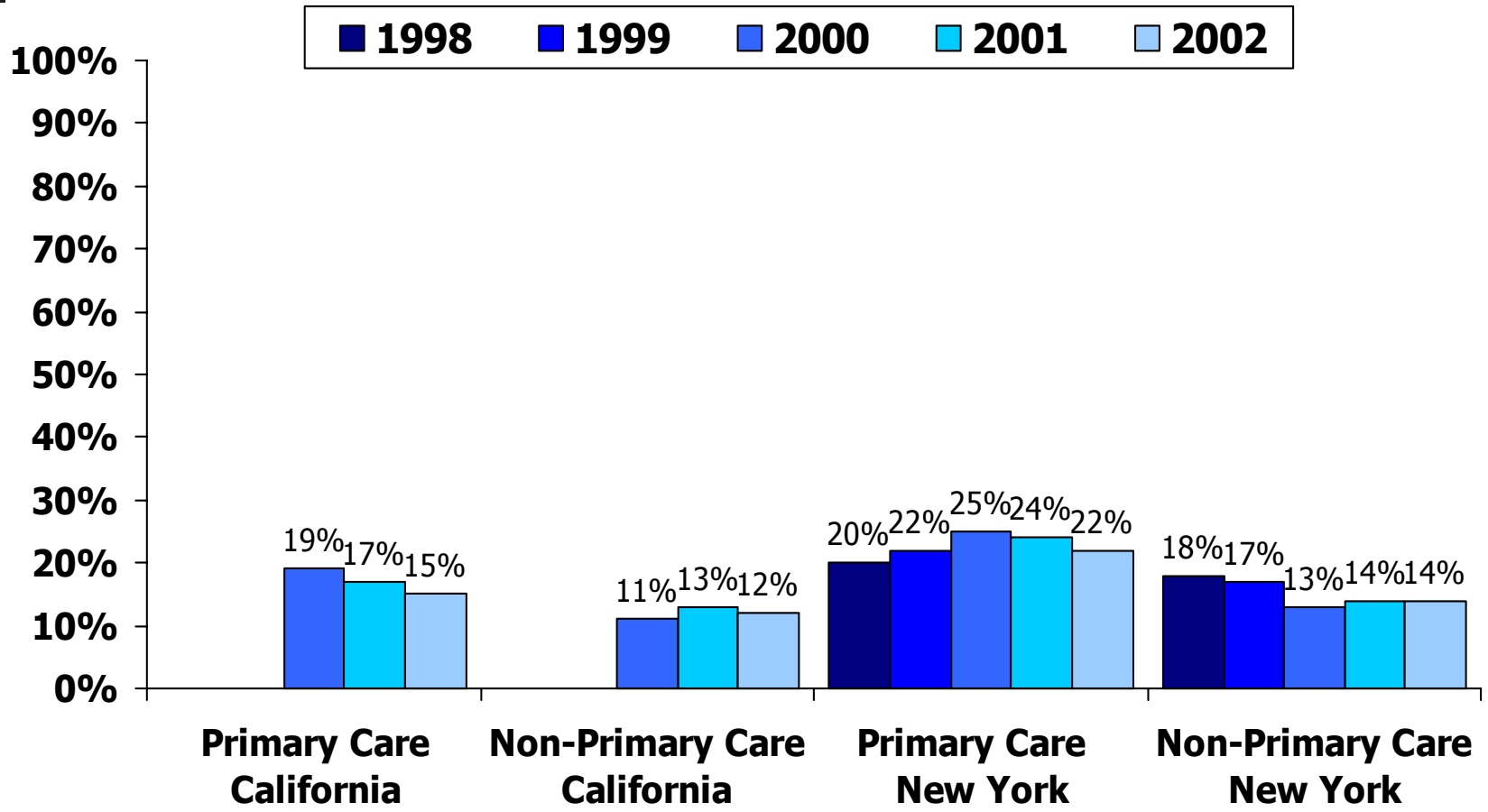
- The demand for non-generalist physicians is greater than for generalist physicians in New York where 68% of the practicing physicians are specialists.
- The same is true in CA even with its high concentration of managed care.
- The disparity in demand between generalist and non-generalist is growing.

# *Subspecialization Rates for Internal Medicine and Pediatrics (All Respondents to 2002 Exit Surveys)*



Source: Resident Exit Surveys, CHWS

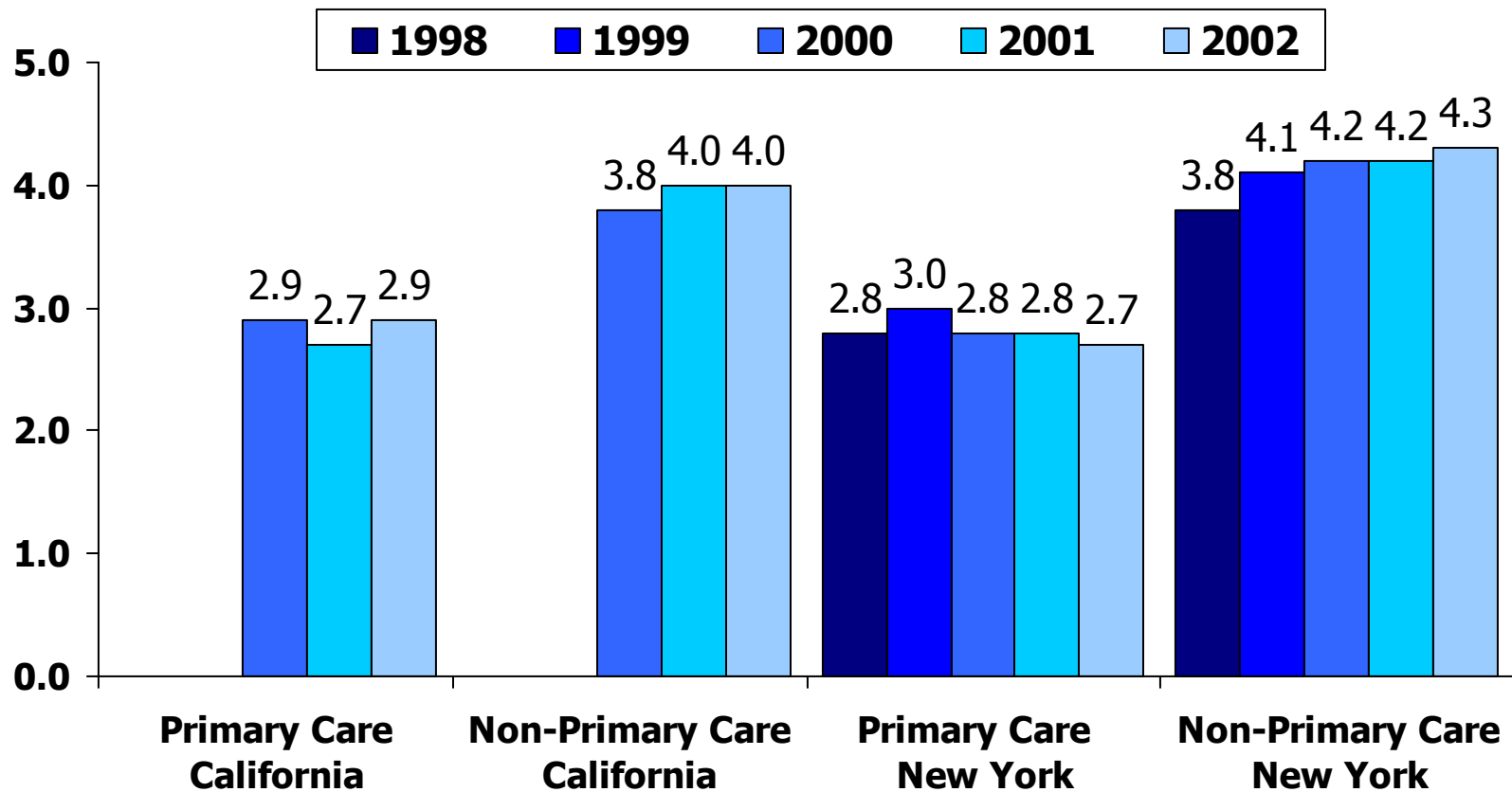
*Percent of New Physicians Having to Change Plans Due to Limited Practice Opportunities by Specialty Group (of those who have searched for a job, IMGs on Temp Visas Excluded)*



Source: Resident Exit Surveys, CHWS



# Mean Number of Job Offers Received by New Physicians by Specialty Group (of those who have searched for a job, IMGs on Temp Visas Excluded)



Source: Resident Exit Surveys, CHWS

# *Summary of Relative Demand by Specialty Based on Responses to the NYS Resident Exit Survey, 1998 - 2001*

## **Strongest Relative Demand**

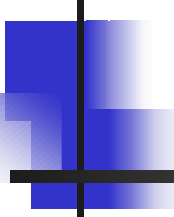
Dermatology  
Gastroenterology  
Pain Management  
Anesthesiology (General)  
Radiology  
Child & Adolescent Psychiatry  
Urology  
Emergency Medicine  
Neurosurgery  
Cardiology

## **Strong Relative Demand**

Psychiatry-Adult  
Infectious Disease  
Endocrinology & Metabolism  
Nephrology

## **Moderate Relative Demand**

Hematology/Oncology  
Otolaryngology  
Neurology  
Orthopedic Surgery  
Rheumatology  
Obstetrics & Gynecology  
Allergy & Immunology



# *Summary of Relative Demand by Specialty Based on Responses to the NYS Resident Exit Survey, 1998 – 2001, continued*

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## **Weak Relative Demand**

Critical Care Medicine  
Geriatrics  
Physical Medicine & Rehab.  
Pediatric Subspecialties  
Pulmonary Disease  
Surgery-General  
IM & Pediatrics (Combined)  
Family Practice

## **Weakest Relative Demand**

Ophthalmology  
Internal Medicine-General  
Pediatrics-General  
Thoracic Surgery  
Plastic Surgery  
Pathology

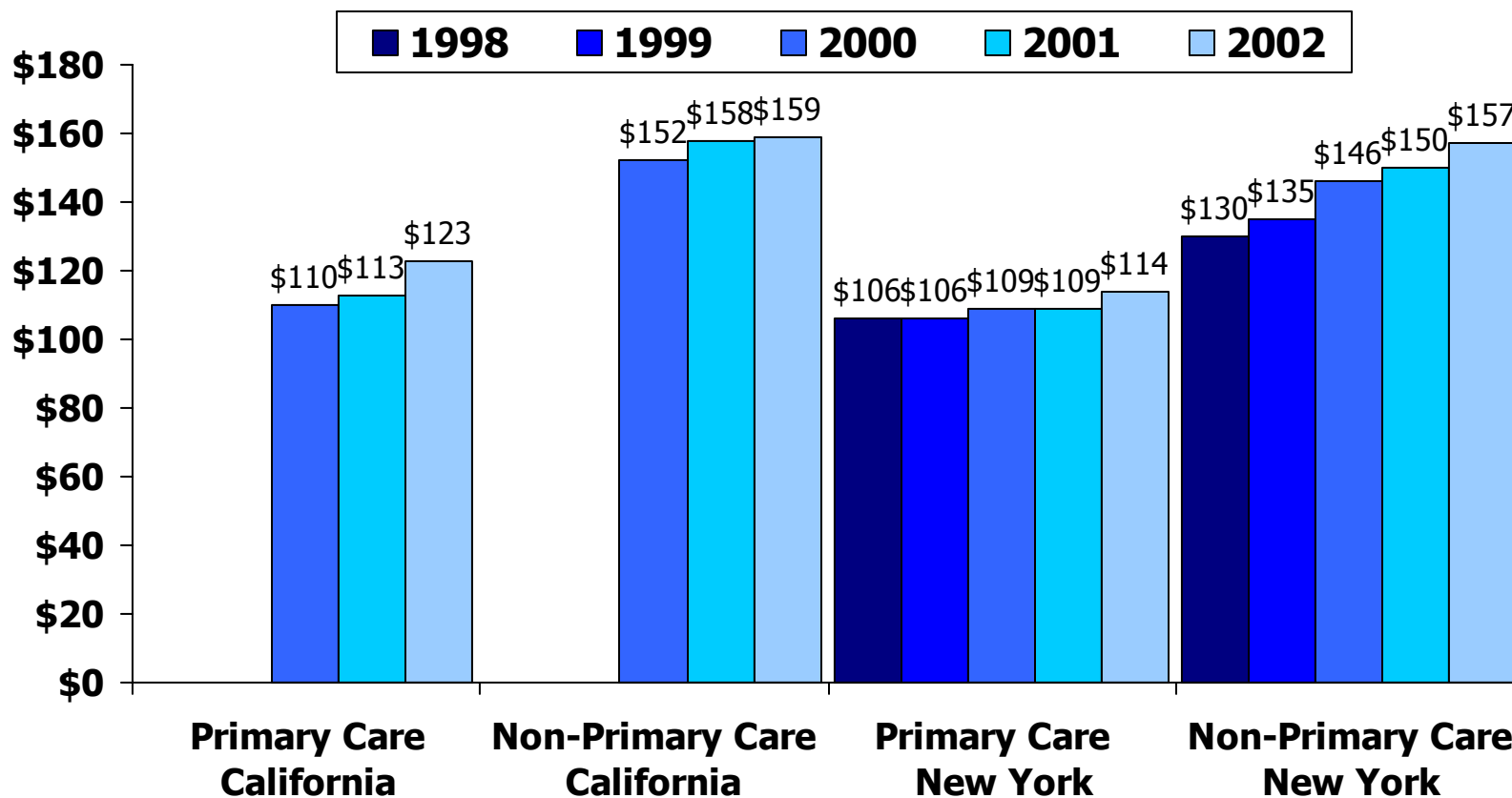


## *Observation #3*

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- There is a major disparity in income between generalist and non-generalist specialties and the disparity is growing.

# Median Starting Income of New Generalist and Non-Generalist Physicians (in \$1,000s) (of Physicians with Confirmed Practice Plans)



Source: Resident Exit Surveys, CHWS

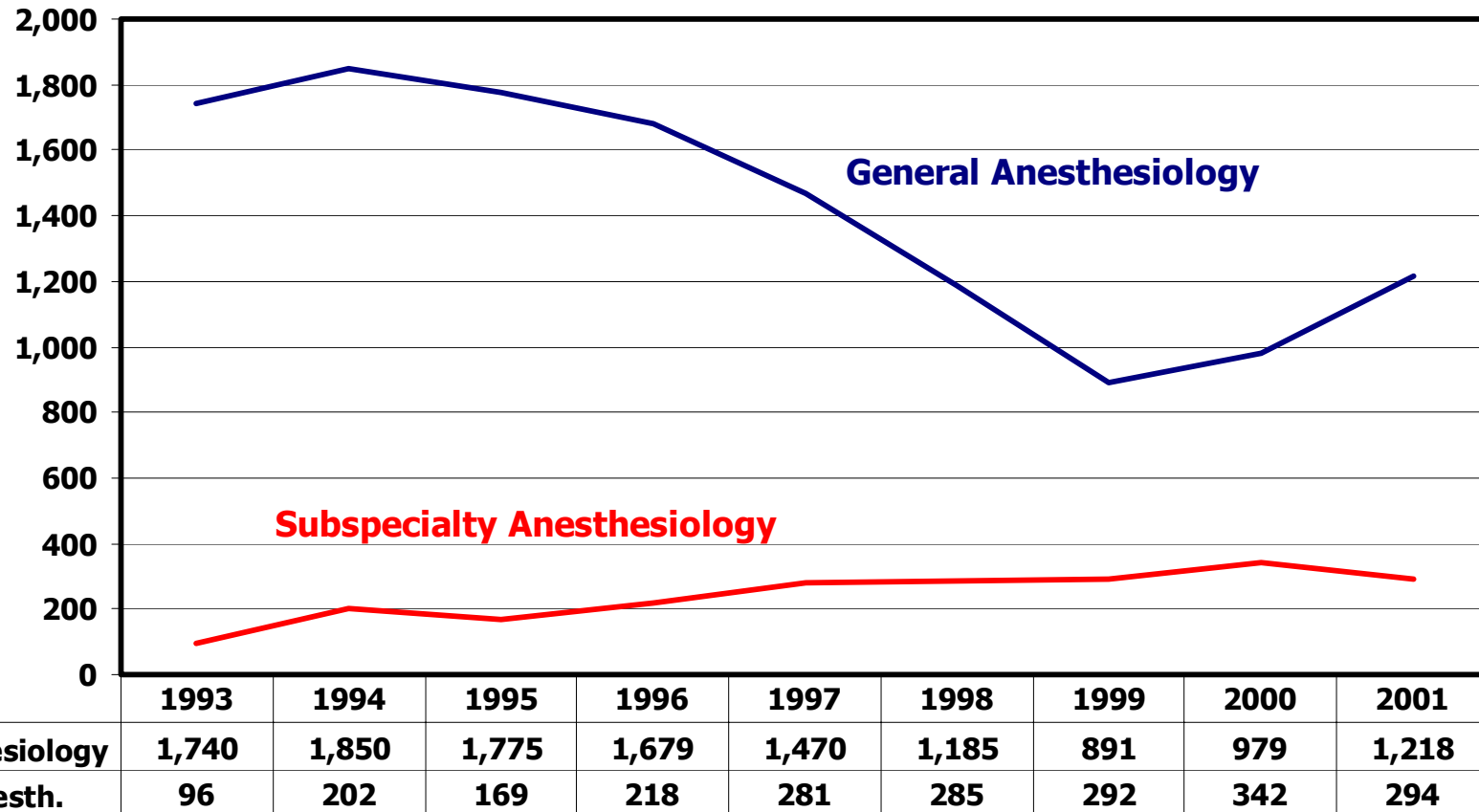


## *Observation #4*

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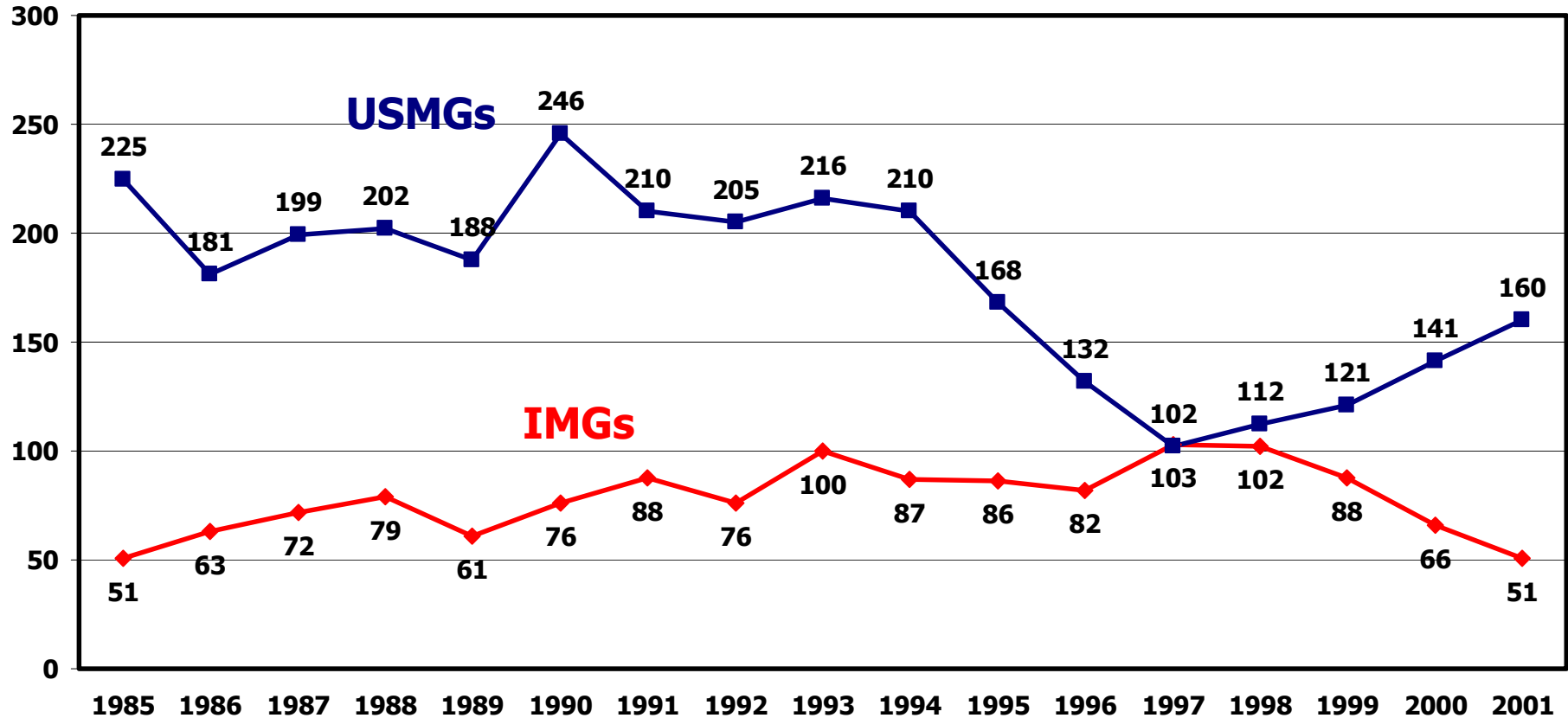
- In terms of the specialty distribution of new physicians, the marketplace reacts quickly even without good data and without government involvement.

# Anesthesiology Program Graduates in the US, 1993-2001



Source: Medical Education Theme Issues of JAMA, 1994-2002

# Trends in the Number of USMG and IMG Allergy and Immunology Fellows-In-Training, 1985-2001



Source: Medical Education Theme Issues of JAMA, 1986-2002.





# *Are We Heading for Another Physician Shortage?*

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- Shortages already exist in selected specialties
- Growing shortages are likely in the next decade
  - Center preliminary forecast: a significant shortage by 2020
- Uncertainty on long term impact of growing supply of NPs, PAs and non-physician clinicians

# *Potential Responses to Forecast of Physician Shortage*

- Modest increase US medical school capacity
- Increase the number of training positions available in the US and remove Medicare cap on GME positions
- Increase role of NPs/PAs/CNMs in service provision
- Revisit the Medicare Resource Based Relative Value Scale (RBRVS)
- Ongoing tracking of physician supply, need and demand



# *Nurse Practitioners, Physician Assistants and Midwives*

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- Sharp growth in supply in US over the past decade is likely to continue
- Expanding scope of practice across the nation
- Convergence of scope of practice statutes across states
- Moderate short term demand but supply expected to continue to grow for many years
- New York's statutes are among the most progressive