

Trends in Health Workforce Supply and Demand: Will We Have Who We Need?

**Presentation to the
State Board for Medicine**

New York, New York
May 24, 2004

Jean Moore
Director

Center for Health Workforce Studies
School of Public Health, SUNY at Albany

<http://chws.albany.edu>



The Center for Health Workforce Studies at the University at Albany

- Conducts studies of 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



Overview of Presentation

- Health workforce issues and concerns
- The physician workforce
- Implications of the aging of America on the health care system and its workers
- Strategies to assure an adequately prepared health workforce for the future

THE HEALTH WORKFORCE:

BACKGROUND



Current Health Workforce Issues

- Health worker shortages
- The squeeze---few new dollars and the high cost of more workers---limit response options
- Concerns with medical errors and quality
- Worker and management dissatisfaction
- Frustration with paperwork and regulation
- Racial and ethnic imbalances in professions
- Lack of systematic data on supply and demand for health workers



Factors Contributing to Health Workforce Shortages

- Short term factors
 - Competition for workers and the economy
 - Growing demand
 - Increased intensity and complexity of services
 - Educational system cycles and response lags



Factors Contributing to Health Workforce Shortages, continued

- Workplace factors
 - Physically and emotionally demanding work
 - Non-competitive wages and benefits
 - Job design and working conditions
 - Paperwork and lack of information systems
 - Poorly trained managers

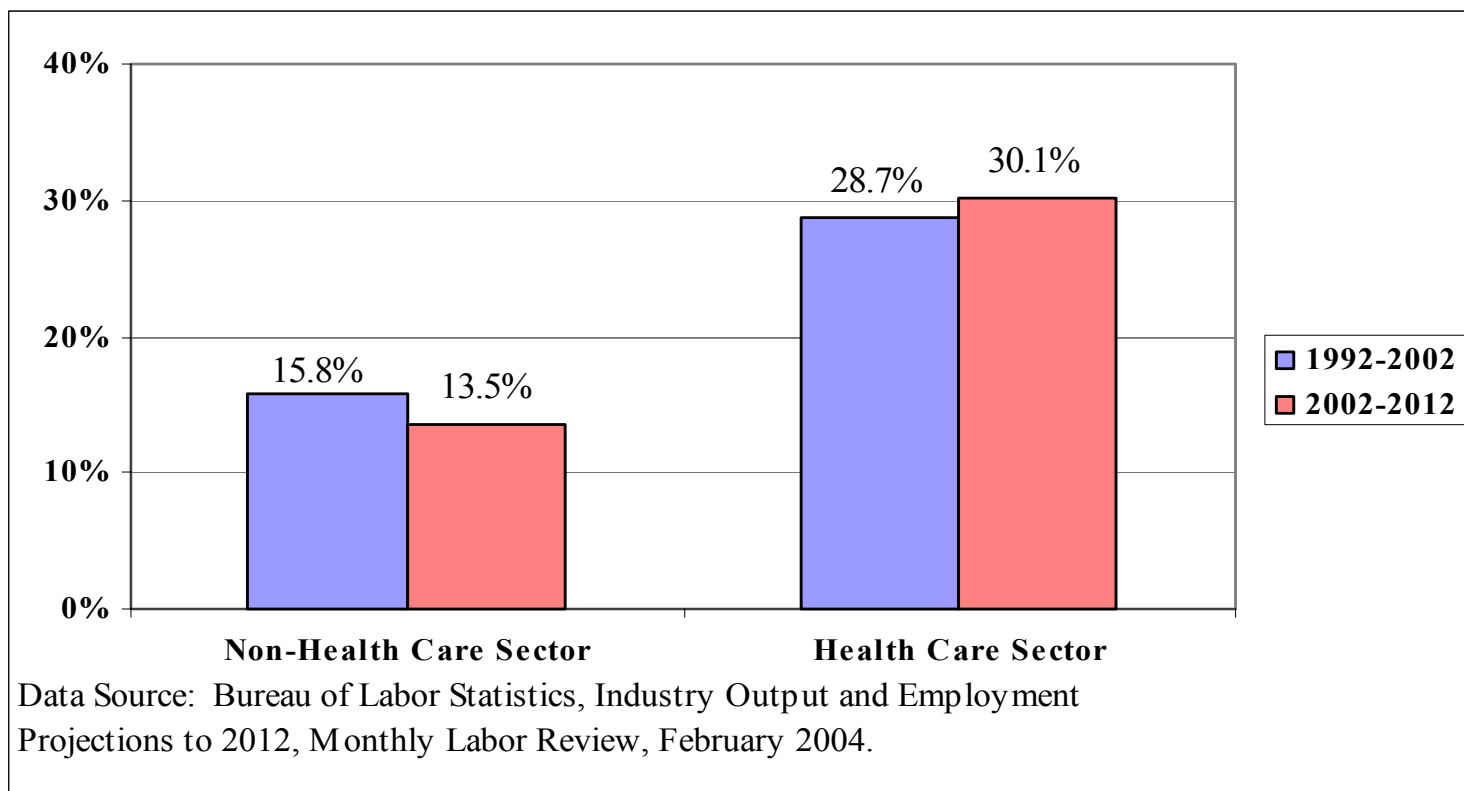


Factors Contributing to Health Workforce Shortages, continued

■ Long term factors

- Changing racial/ethnic mix in the US
- Expanded career choices for women
- The economy and public expectations
- Increases in credential requirements
- The aging of America: increase in demand
- The aging of America: decrease in supply of workers

Health Sector Employment Continues to Be the Fastest Growing Employment Sector in the Country





Between 2002 to 2012, half of the fastest growing occupations in the US are projected to be health occupations

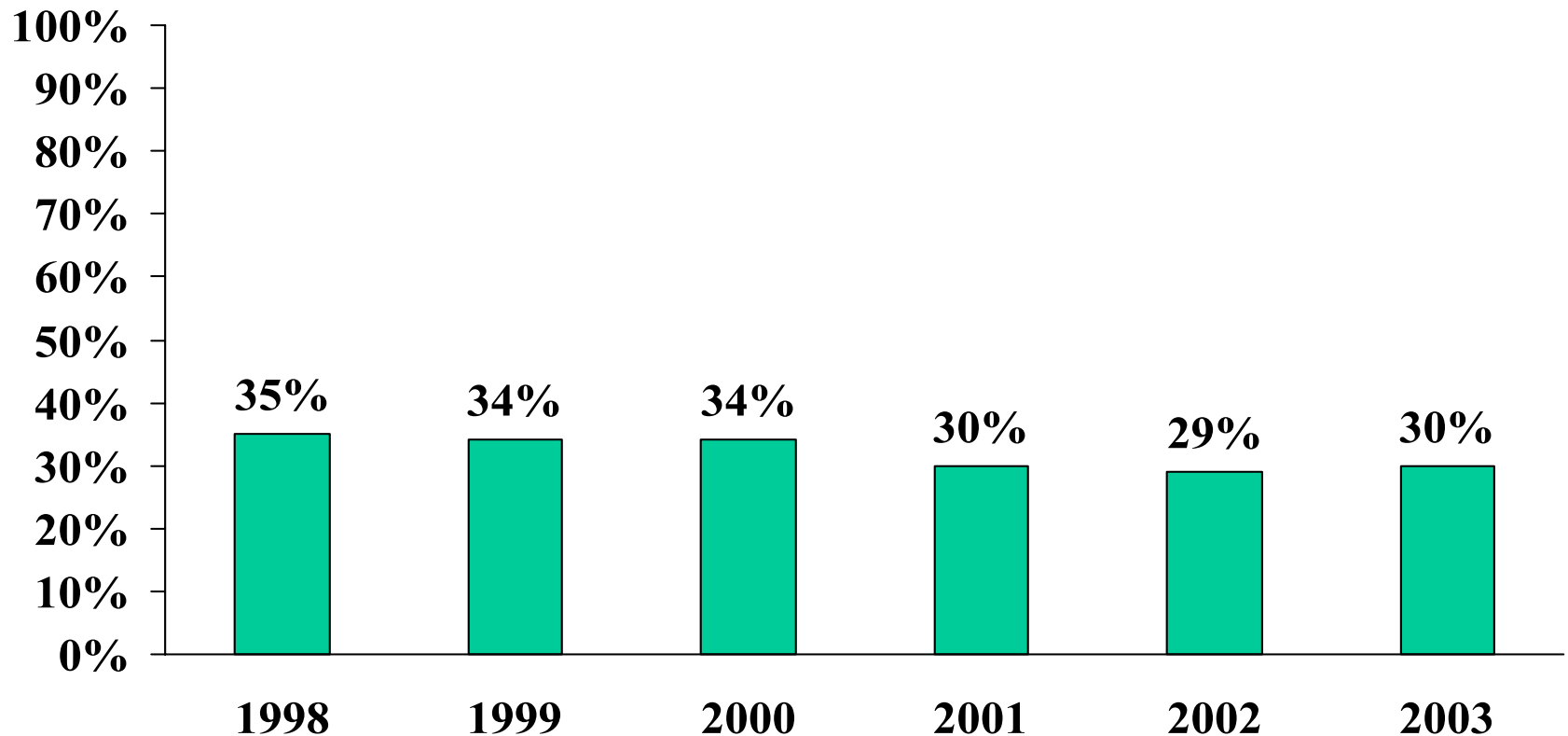
- **Medical assistants (59%)**
- **Physician assistants (49%)**
- **Home health aides (48%)**
- **Medical records and health information technicians (47%)**
- **Physical therapy assistants (45%)**
- **Dental hygienists (43%)**
- **Dental assistants (42%)**
- **Occupational therapy assistants (39%)**
- **Physical therapists (35%)**
- **Occupational therapists (35%)**
- **Respiratory therapists (35%)**

What do we know about the physician workforce?

- *2003 Resident Exit Survey*
- *Study of New York City Physicians, 2000*

Overall, the Job Market for Physicians in NYS Continues to be Good

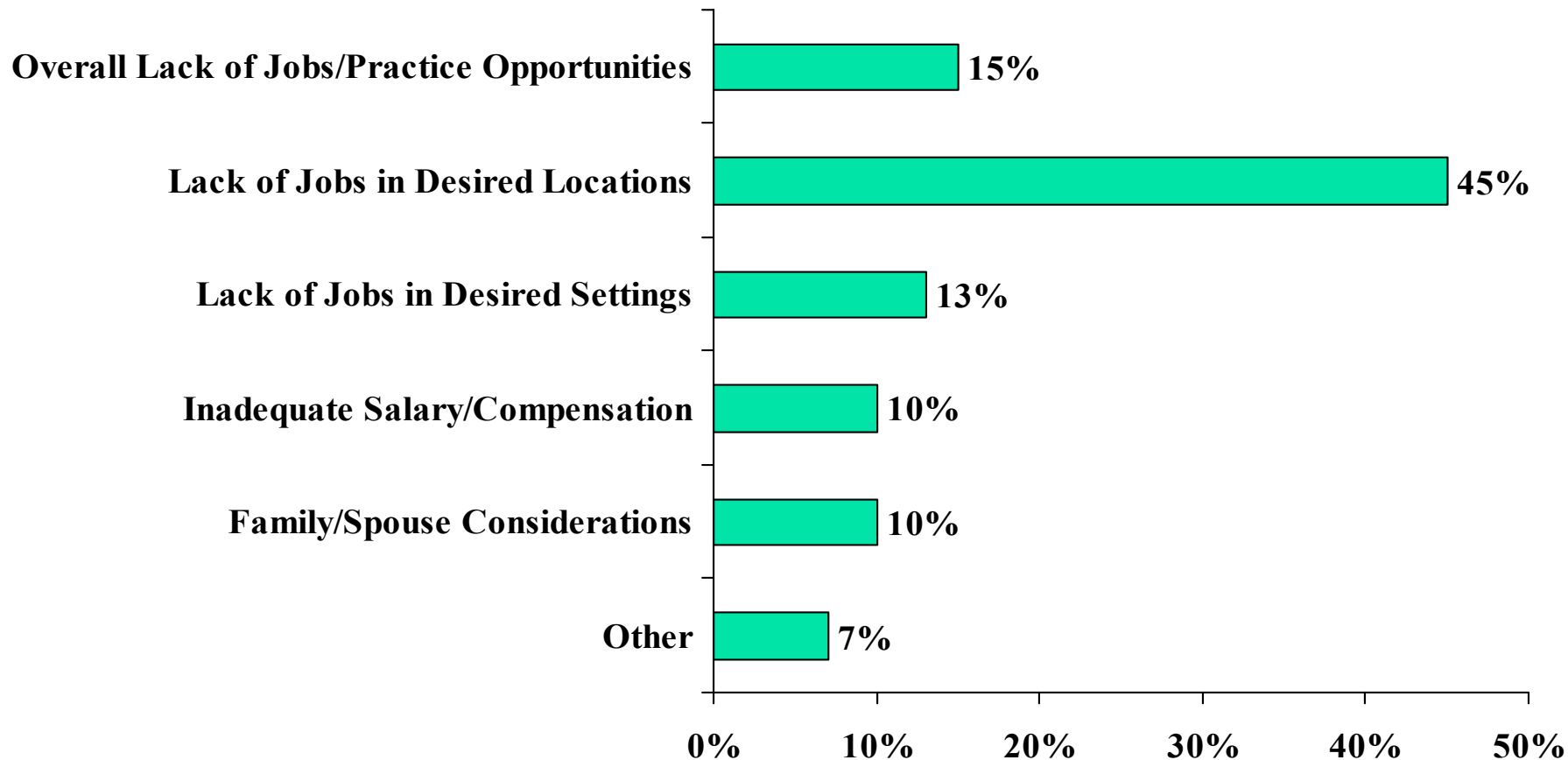
% of new physicians having difficulty finding a satisfactory practice position
(of those who searched for a job, excluding temp visa IMGs)





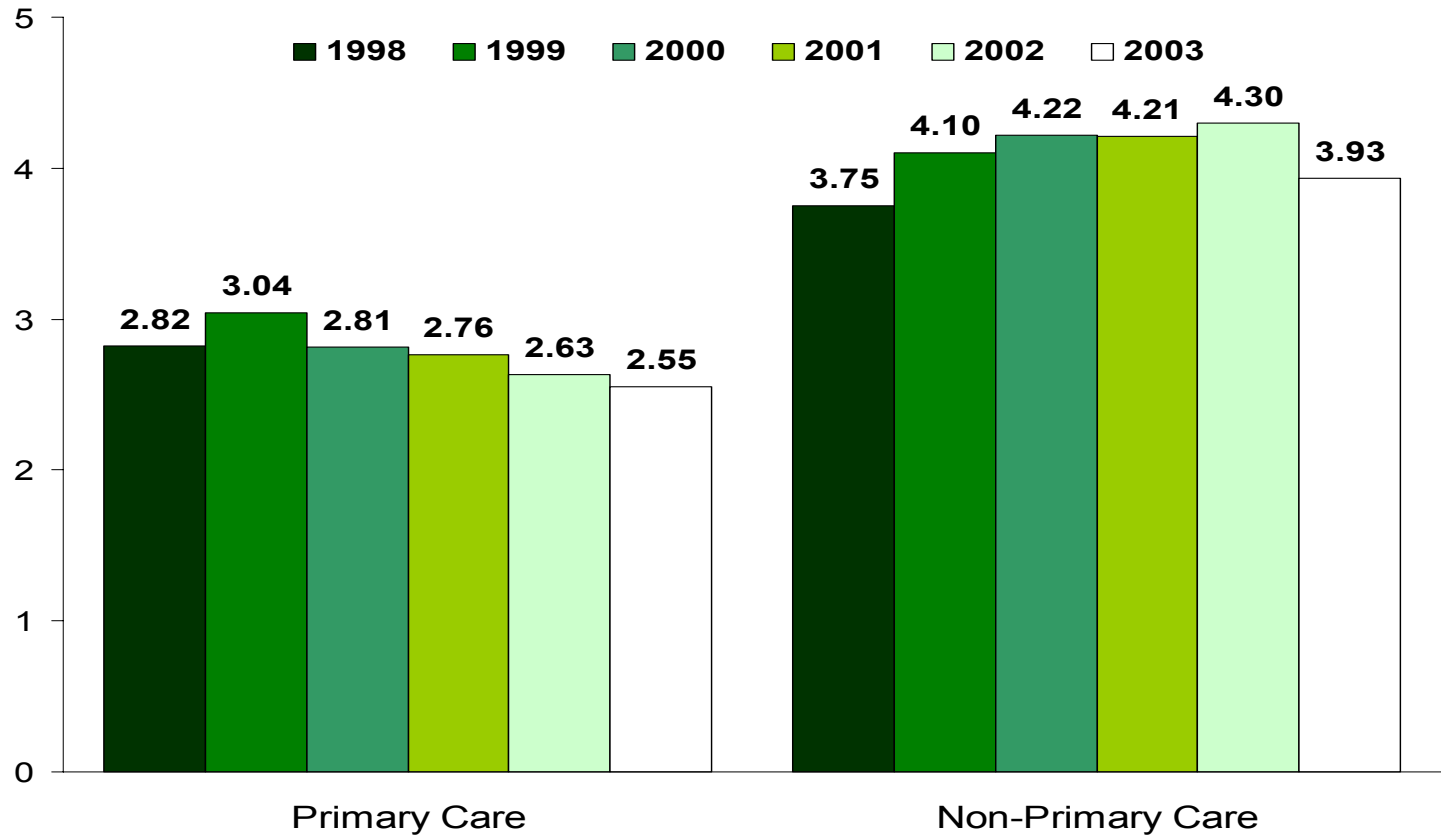
The Main Reason for Difficulty Finding a Job Was 'Lack of Jobs in Desired Locations'

Main Reason for Difficulty Finding a Satisfactory Practice Position, 2003



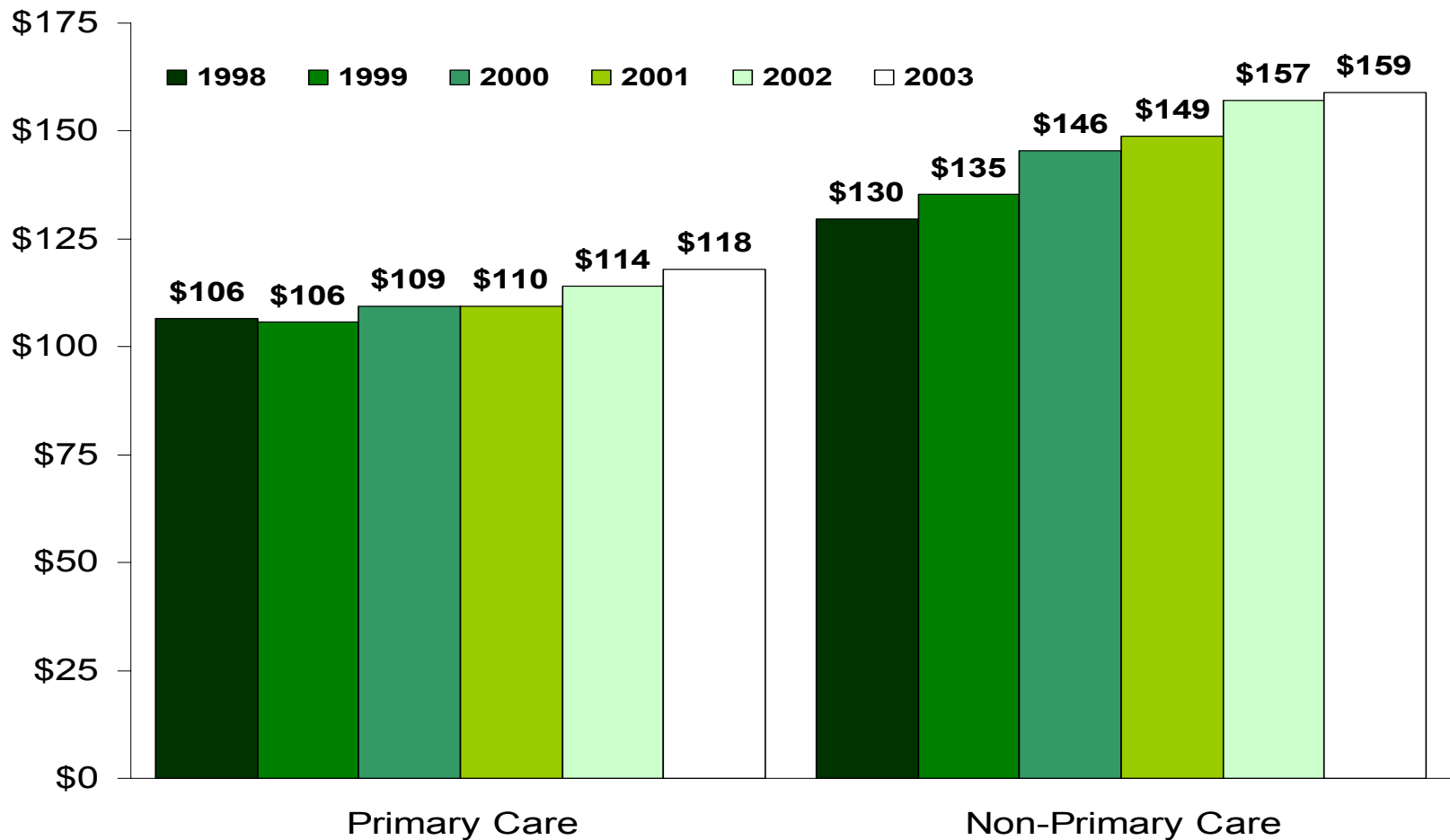
Primary Care Physicians Continue to Receive Fewer Job Offers Than Specialists

Mean Number of Job Offers Received by New Physicians by Specialty



(of those who searched for a job, temp visa
IMGs excluded)

The Average Annual Increase in Median Starting Salary from 2000 to 2003 Was Less for Generalists Than for Specialists



Relative Demand Has Been Consistent for the Last Six Years

<u>1998</u>	<u>1999</u>	<u>2000</u>
Dermatology	Dermatology	Radiology
Neurosurgery	Emergency Medicine	Gastroenterology
Urology	Cardiology	Child/Adolescent Psychology
Emergency Medicine	Urology	Dermatology
Cardiology	Child/Adolescent Psychology	General Anesthesiology
<u>2001</u>	<u>2002</u>	<u>2003</u>
Gastroenterology	General Anesthesiology	General Anesthesiology
Dermatology	Gastroenterology	Dermatology
General Anesthesiology	Cardiology	Cardiology
Radiology	Child/Adolescent Psychology	Urology
Cardiology	Radiology	Gastroenterology



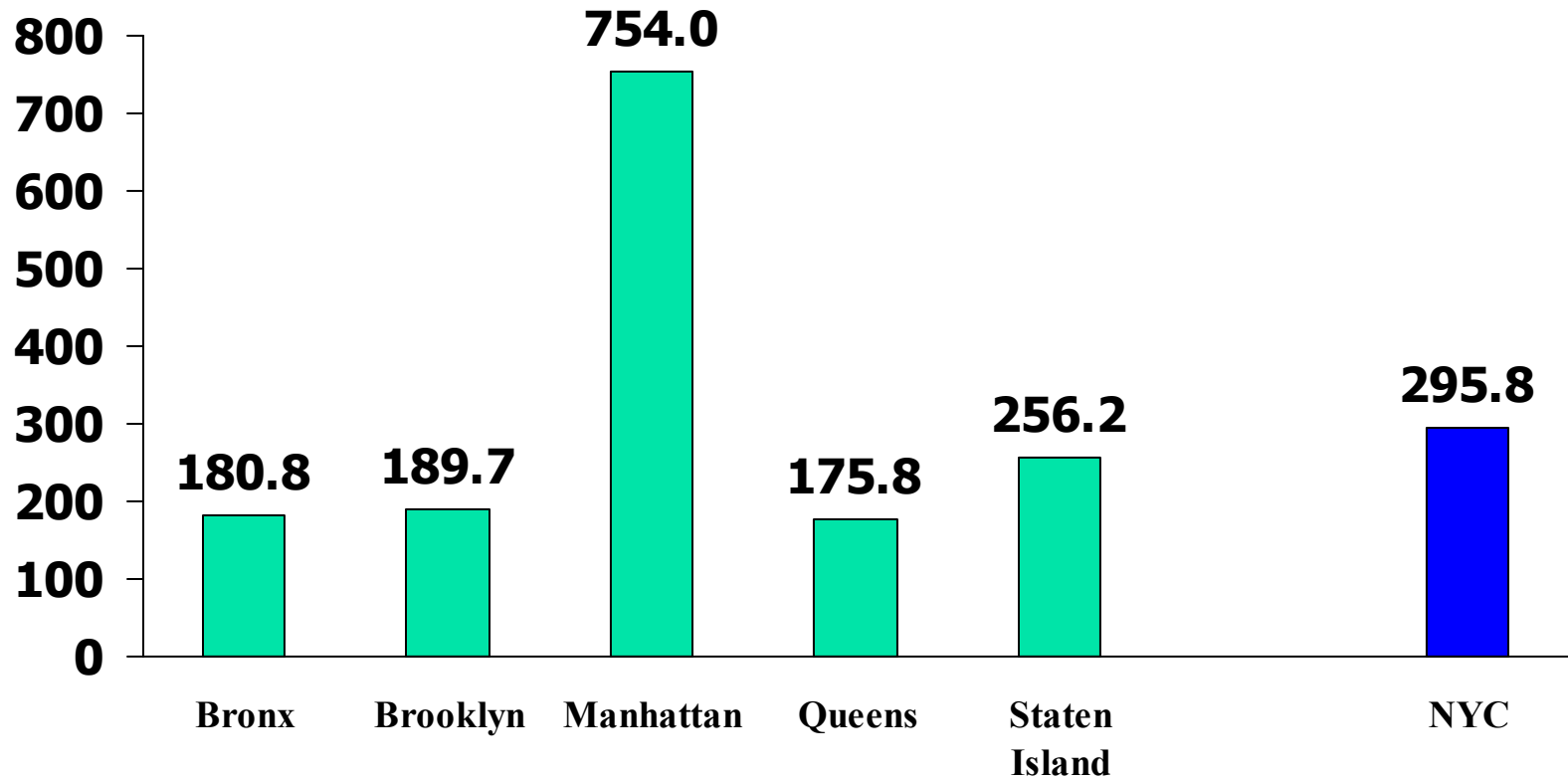
The New York City Physician Workforce, 2000

- There were nearly 26,500 patient care physicians in active practice in 2000 in NYC
- 37% of them practiced in a primary care specialty
- These physicians were not evenly distributed across the city
- Key demographics:
 - Average age 52 years
 - 28% were female
 - 10% were under-represented minorities (African-Americans and Latinos)



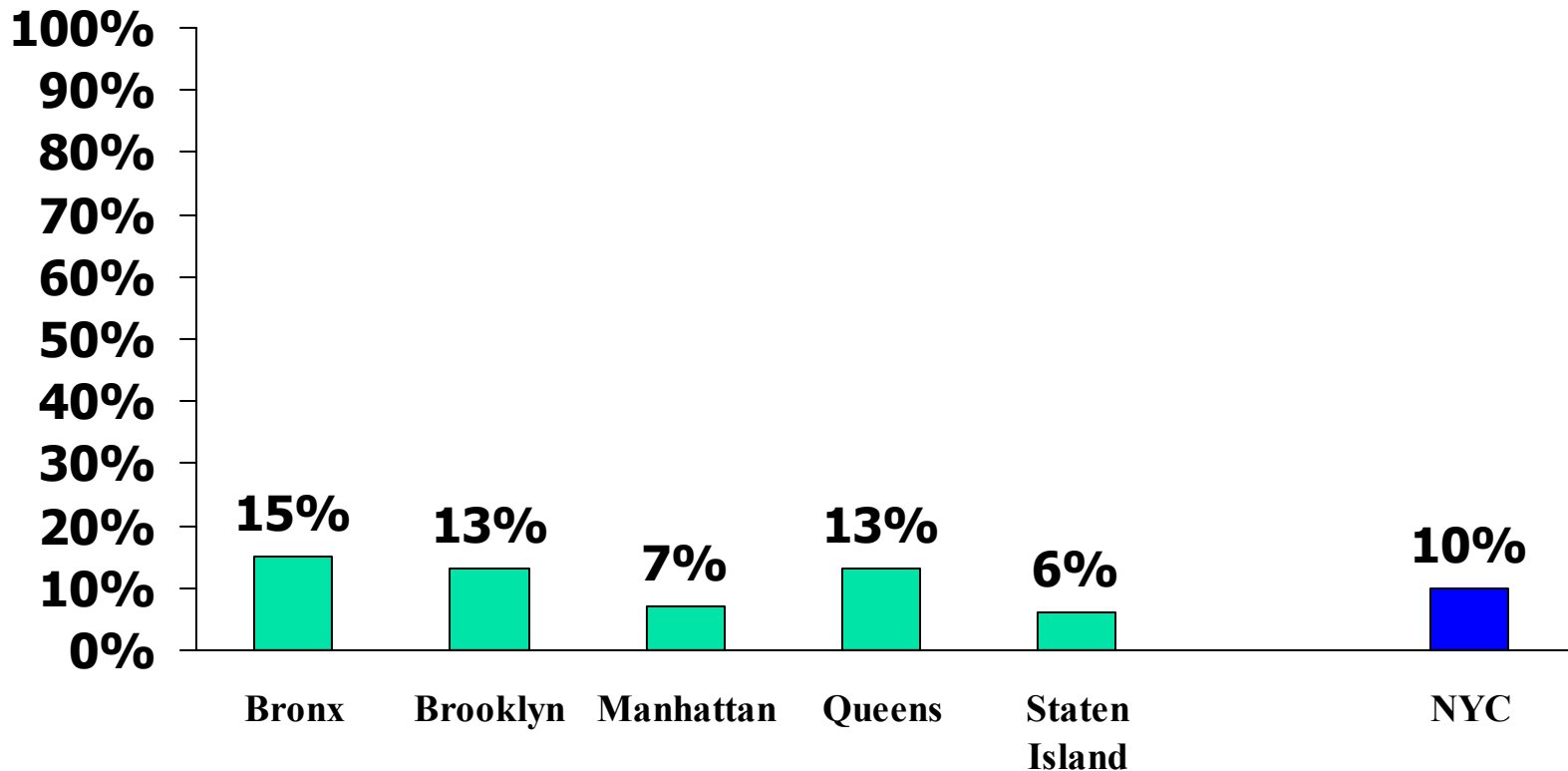
Manhattan Had 3-4 Times More Physicians Per Capita Than Any Other Borough

Patient Care FTE Physicians per 100,000 Population, 2000



Manhattan Had a Much Smaller % of Under-Represented Minority* Patient Care Physicians Than Most Other Boroughs

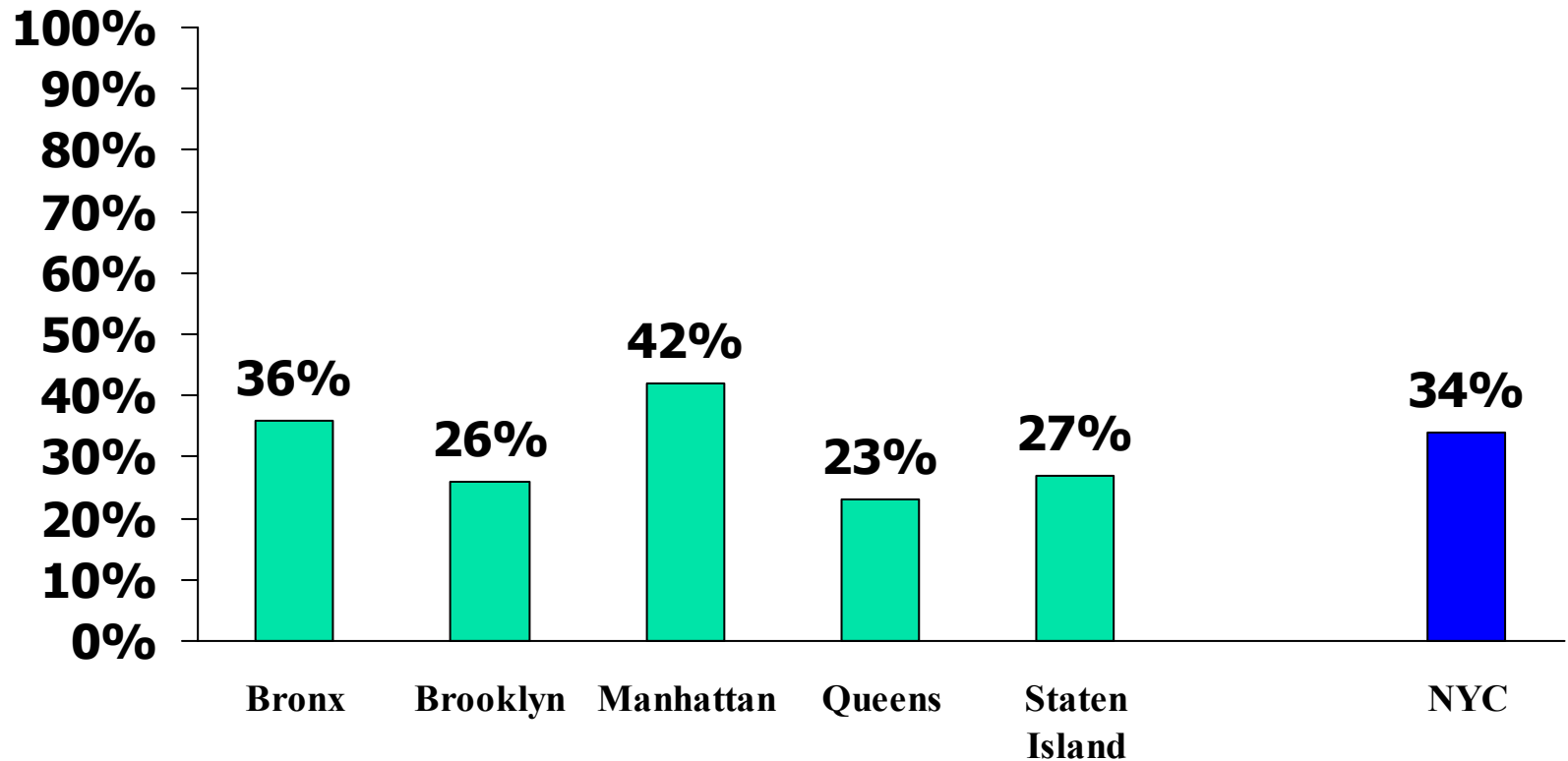
% of Under-Represented Minority* Patient Care Physicians in 2000



*Under-represented minority defined as Latinos and African Americans

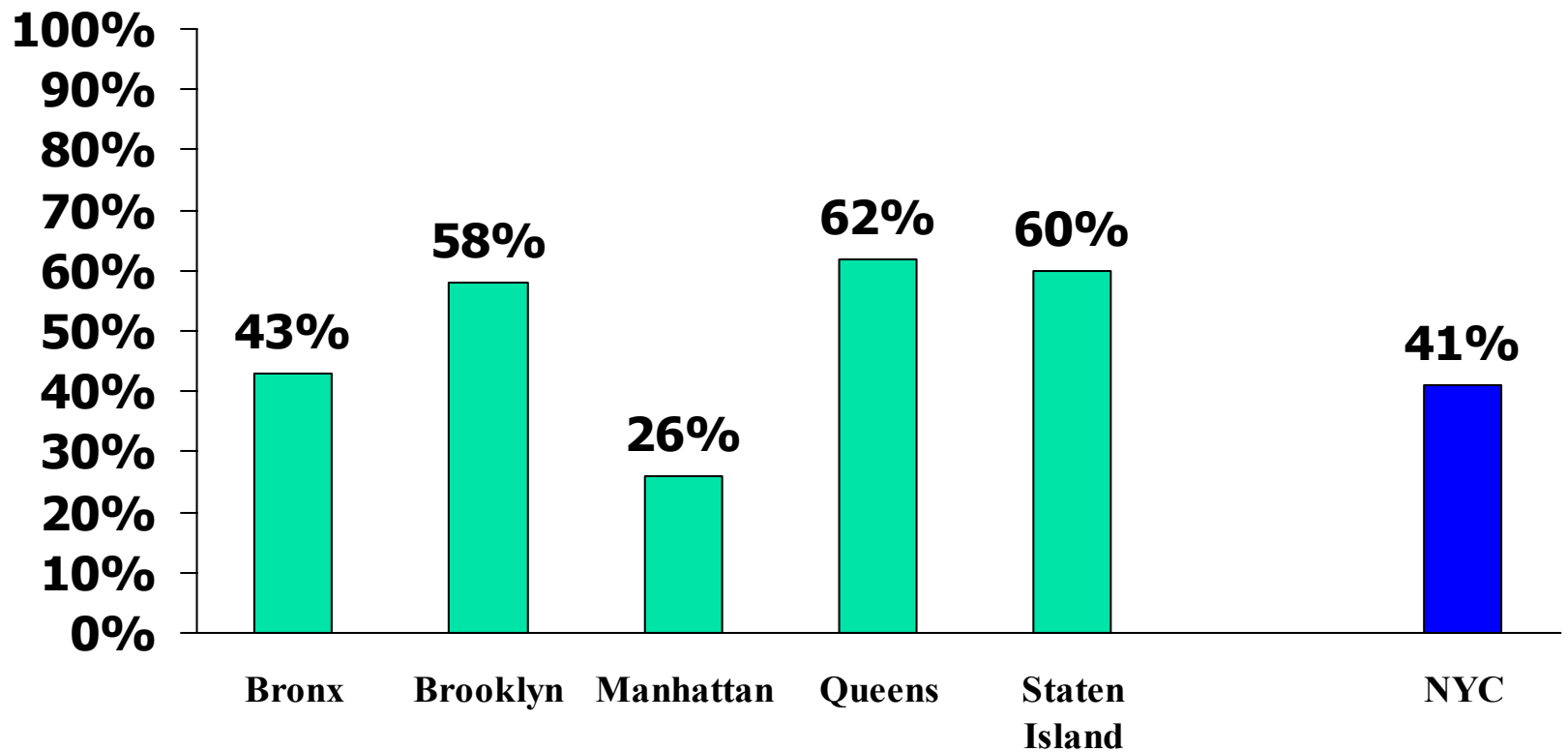
34% of Patient Care Physicians in NYC in 2000 Attended NYS Medical Schools

% of NYC Patient Care Physicians Who Were NYS Medical School
Graduates



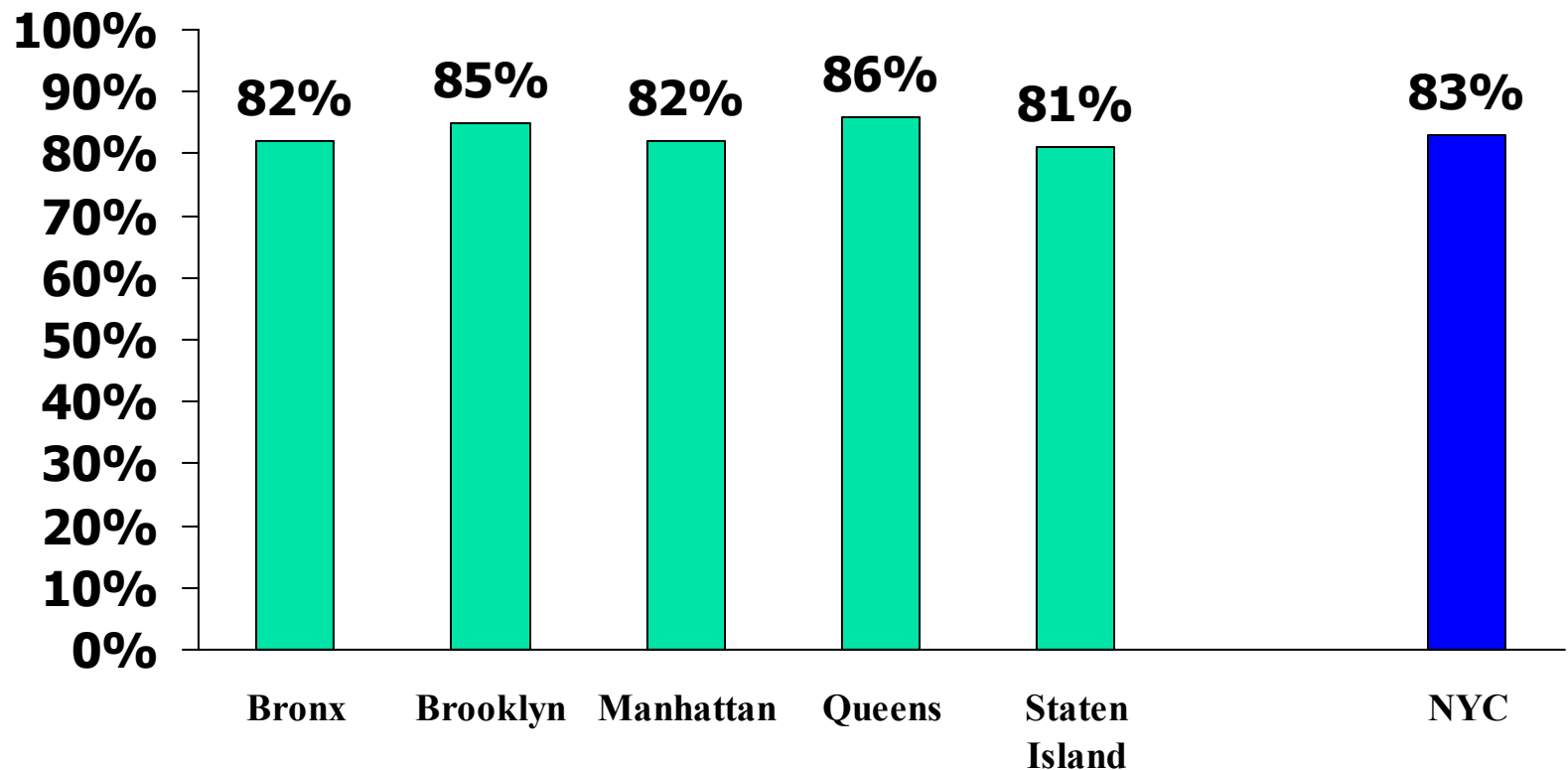
41% of Patient Care Physicians in NYC in 2000 Were International Medical School Graduates

% of NYC Patient Care Physicians in 2000 Who Were IMGs



The Majority of Patient Care Physicians in NYC in 2000 Completed Residency Training in NYS

% of Patient Care Physicians in 2000 Who Completed Residency Training in NYS



*The Aging of America
and
Demand for Health Services*



The Aging Report Studied a Wide Array of Health Professions/Occupations

- **Physicians**
- **PAs and NPs**
- **Nursing**
- **Oral Health Providers**
- **Chiropractors**
- **Podiatrists**
- **Therapy Professions**
- **Pharmacists**
- **Registered Dietitians**
- **Clinical Psychologists**
- **Social Workers**
- **Nursing Home Administrators**
- **Optometrists**

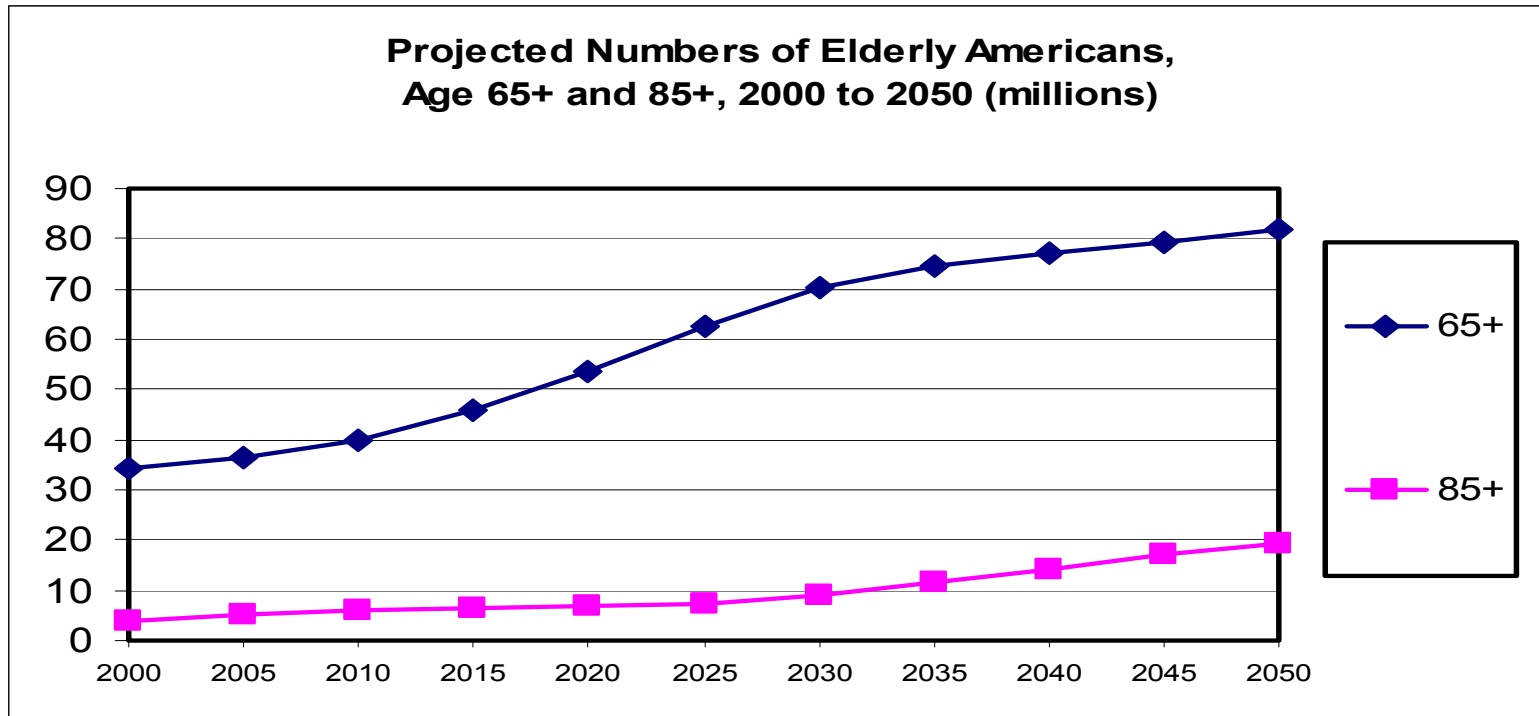


The Profession-Specific Areas of Study Included:

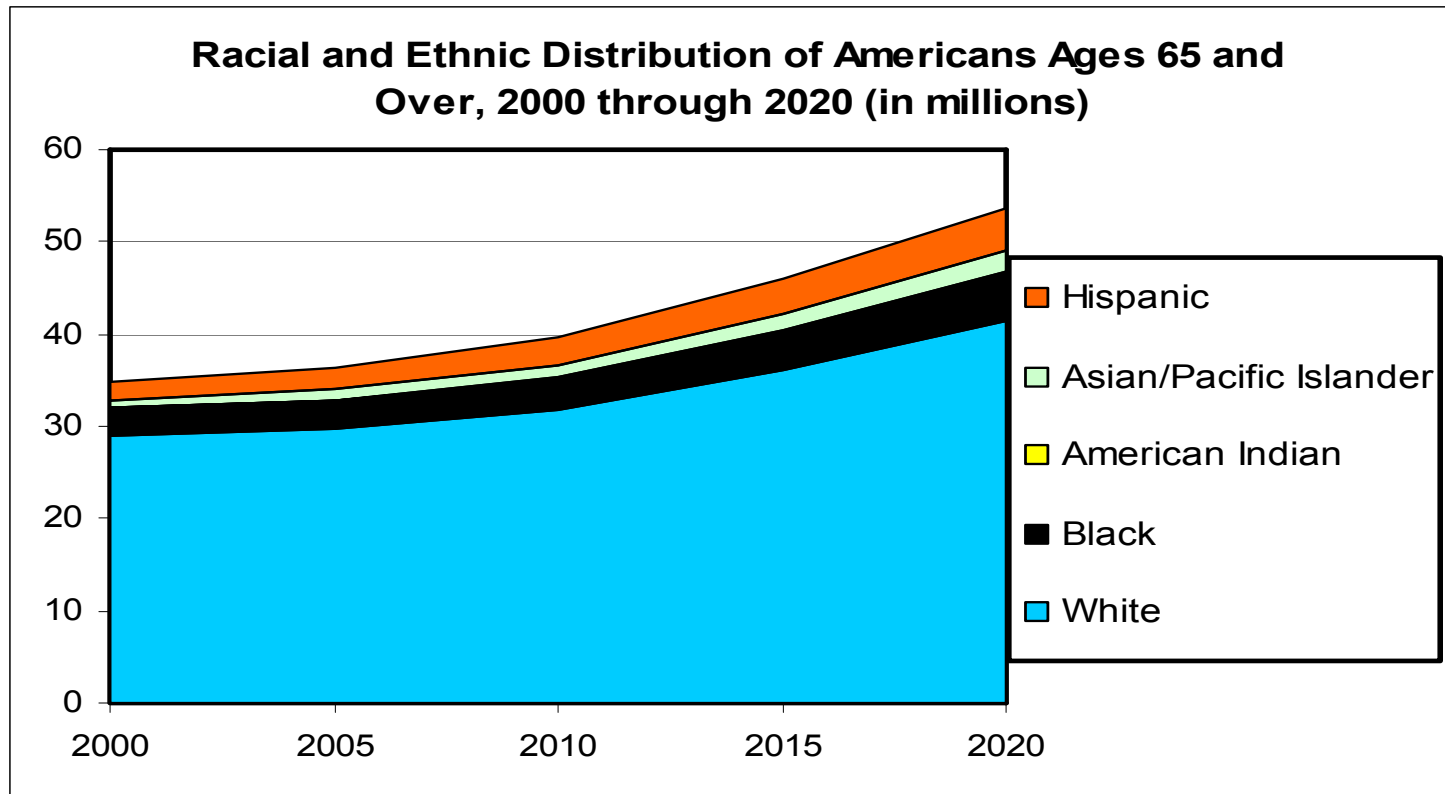
- Services to the Elderly
- Profile of the Current Workforce
- Training, Education, Credentials Related to Aging
- Supply Trends/Demand Projections & Gap
- Profession-Specific Issues

The Elderly Population in the US Will Grow Dramatically Over the Next 50 Years

Baby Boomers begin to turn 65 in 2011.



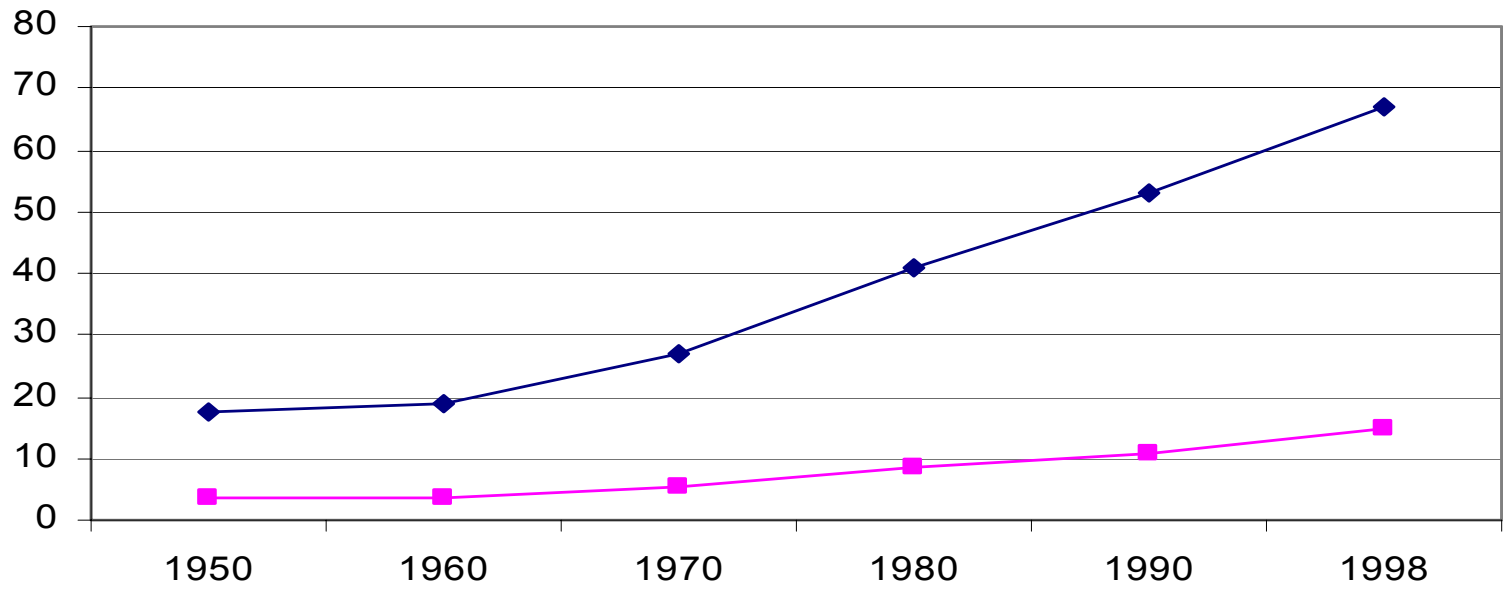
The Elderly Population in the US Will Grow Increasingly Diverse Over the Next 20 Years



The Elderly Are Better Educated Than in the Past

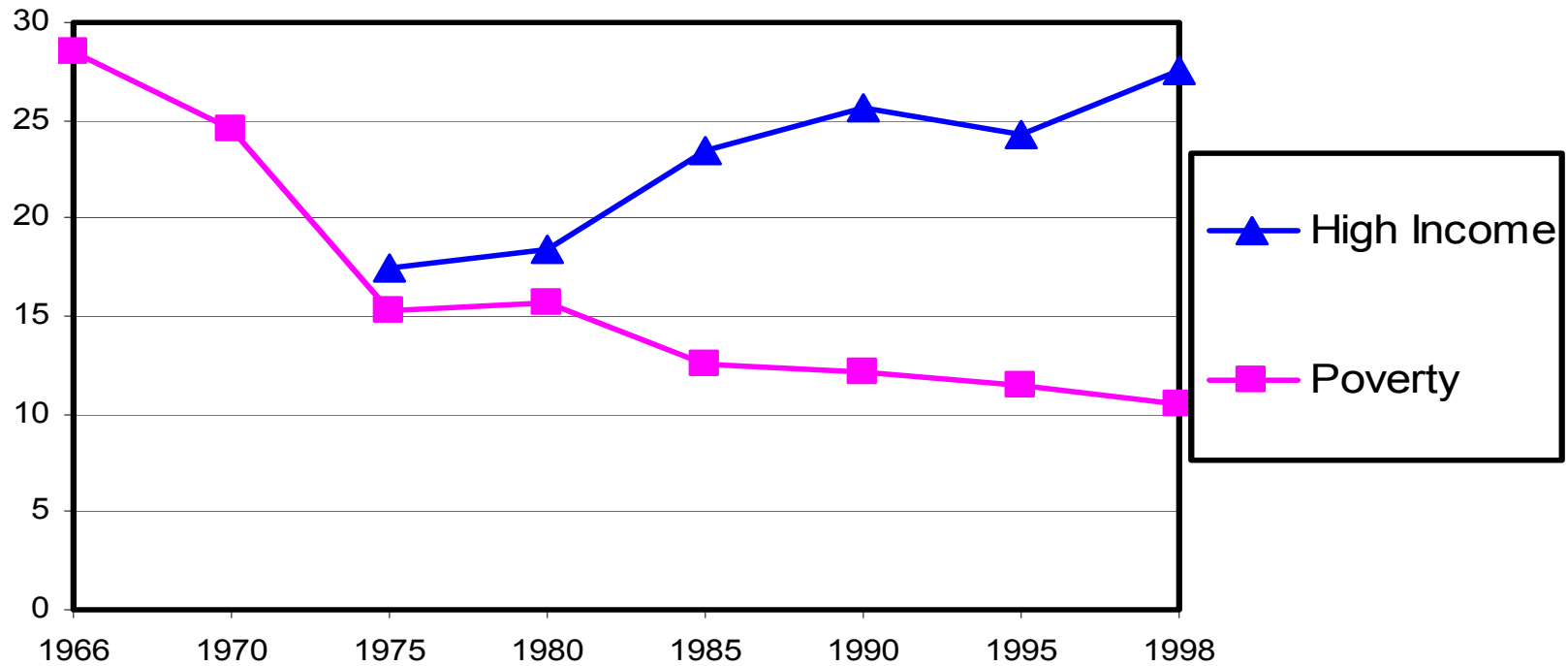
Percentage of the Population Age 65 and Older with High School Diploma and Bachelor's Degree or Higher, 1950 to 1998


—◆— High School Completion —■— College Completion (4 year)



The Elderly Are Less Likely to be Poor Than in the Past

Percent of Americans Age 65 and Older Living in Poverty or With High Income





Access to Care Will Be a Greater Issue for the Elderly

- There will be a greater need for transportation to health care services
- The elderly are more likely to live in rural areas (24% compared to 19% for the US as a whole)
- Elderly nursing home residents can only see providers who serve the facility



The Growing Elderly Population Will Have a Small Pool of Potential Family Caregivers

- Compared to the current elderly, the growing cohort of aging Americans:
 - have had fewer children than their parents
 - are more likely to be divorced
 - are more likely to live alone as they enter old age.



The Elderly Consume More Health Care Services Than Younger Age Groups

- In 2001, people over 65 were hospitalized nearly 3 times as often and stayed almost 4 times longer than people under 65.
- In 2000, people over 65 averaged 7 physician visits per year, compared to 3 visits for those under age 65.
- In 1999, people over 65 averaged 20.6 prescriptions per year, compared with fewer than 6 for the under-65 population.

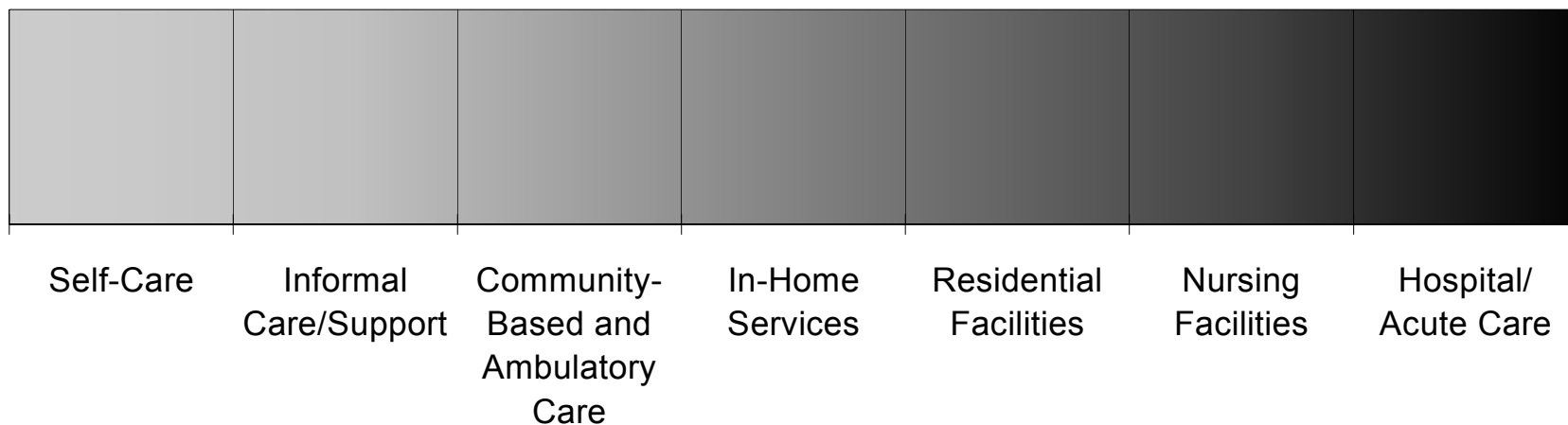


The Elderly Have Different Health Care Needs Than Younger Age Groups

- **The elderly are more likely to suffer from chronic illnesses (e.g., cancer, heart disease, diabetes)**
- **The elderly are more likely to require the services of health professionals as a result of injuries and illnesses due to greater physical vulnerability**
- **The elderly have more limitations in performing activities of daily living than younger people, due to greater rates of physical and cognitive disability.**

Elderly Health Care Consumers Will Have a Greater Range of Health Care Models to Choose from Than in the Past

**Figure 1. Models of Care for the Elderly
(Ranging from Least to Most Intensive)**



Physicians



Physicians

- The elderly receive more medical care in physician office and clinic visits than those under 65.
- The elderly account for 29% of hospital inpatient admissions.
- Most primary care physicians treat large numbers of elderly patients.
- Physicians in almost every medical and surgical specialty treat elderly patients



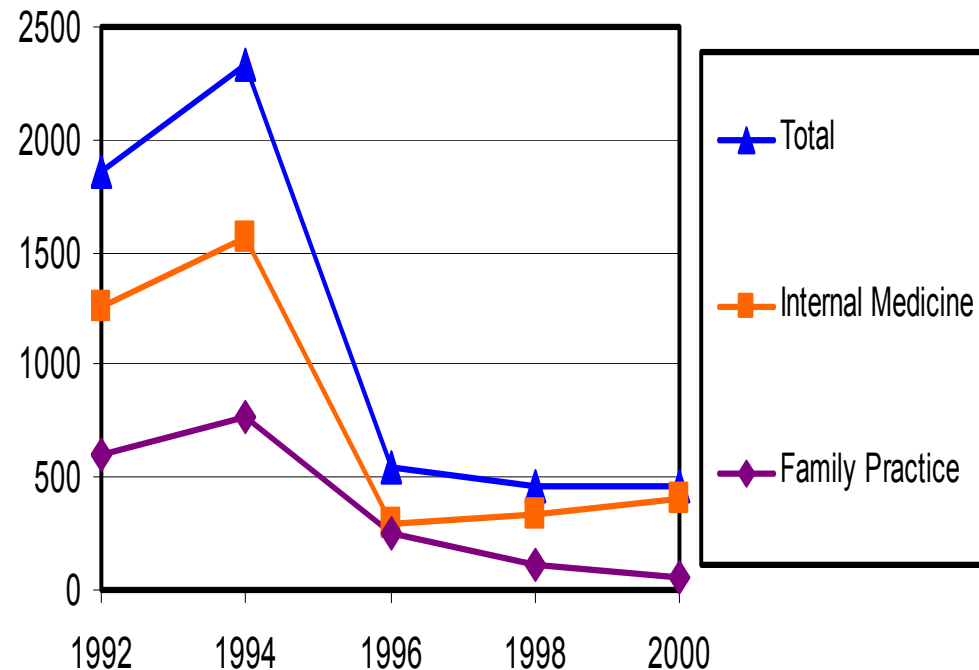
Physicians- Is Geriatric Care Training Adequate?

- The coverage of geriatric care in medical school curriculum is limited, mostly offered on an elective basis.
- Primary care residency programs require a four to six week rotation in geriatrics.
- Many physicians, especially those trained before 1985, have never been exposed to formal geriatric training.
- Geriatric education centers (GECs) are a major source of training (traditional coursework, distance learning, workshops, or Internet modules).

Geriatrics is a small and declining specialty among physicians

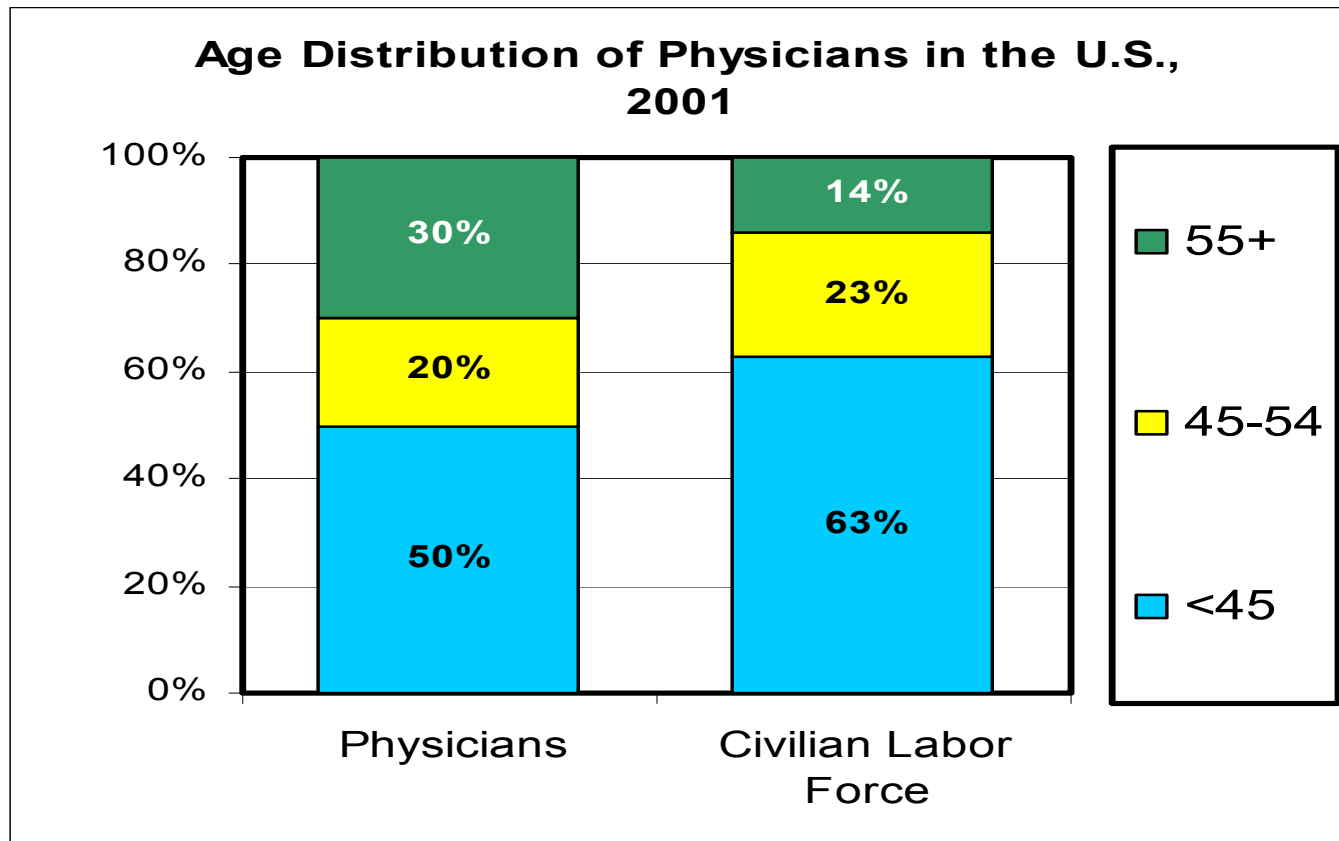
- Geriatricians are physicians who are board certified in either internal medicine or family practice, and who are specially trained to care for older people.
- In 2000 there were a total of 227 geriatricians entering the workforce out of a total of 24,000 new physicians.
- Since 1991, 1,779 specialists in family practice and 3,853 in internal medicine have completed certificates in geriatric medicine.

Geriatric Subspecialty Certificates Issued,
U.S., 1992 - 2000



Source: ABMS

Physicians Are Older Than the Overall Civilian Labor Force





The Demand for Physicians Is Expected to Increase in the Coming Decade

- BLS projects 18% growth in total physician positions between 2000 and 2010
- Over that time, there will be 38,000 annual job openings
- Only 20,000 of those positions will be due to net growth in the profession
- The remaining openings will be created by attrition from the field



Will the Supply of Physicians Be Sufficient to Meet Future Demand?

- Demand for physicians to care for the elderly will increase substantially in the next 20 years:
 - Do we need more geriatricians?
 - Do we need to increase geriatric training for all physicians?
- Other factors affecting demand:
 - Elderly access to care issues
 - Reimbursement

*General Findings:
Impact of the Aging of the US
Population
on the Health Workforce*



General Findings

- Many health professions and occupations do not offer formal credentials focused on the needs of the elderly
- When such a credential is offered, the number of workers with the credential is typically very small
- A majority of health care workers in most settings deal with substantial numbers of elderly people whether or not they are specialists.



General Finding

Many Health Professions Are Aging Rapidly

	1989	1999	Change 1989- 1999
Median age			
Dentists	40.7	44.0	+ 3.3
Dietitians	38.3	40.0	+ 1.7
Health records technologists and technicians	35.3	40.3	+ 5.0
Radiologic technicians	34.3	38.0	+ 3.7
Registered nurses	37.3	42.7	+ 5.4
Respiratory therapists	32.3	38.0	+ 5.7
Social workers	38.7	40.3	+ 1.7
Speech therapists	35.7	40.7	+ 5.0
Pharmacists	36.7	41.3	+ 4.6
Total civilian labor force	35.7	38.7	+ 3.0

Source: Bureau of Labor Statistics, Current Population Survey - Annual Demographic Supplement, 1988-2000.



General Findings

Demand for health care professionals to serve the elderly will be affected by:

- Medicare reimbursement policies
- New technologies
- New models of care
- Changes in profession-specific scope of practice

*What Can We Do to Assure a
Well-trained and Adequate
Health Workforce to Care for the
Growing Elderly Population?*



Key Stakeholders

- Health facilities and associations
- Government (U.S., states and local)
- Health professions education programs
- Professional associations
- Unions representing health workers
- Consumers/patients



Possible Responses

- Provide better training on geriatric issues to health professionals
 - Increase geriatric content in required curricula
 - Increase geriatric content on licensure examinations
 - Increase the availability of continuing education in geriatrics
 - Develop geriatric specialists within the profession



Possible Responses

- Help prepare health care workers for new roles in different settings
 - **More care will likely be delivered in homes and in assisted living settings**
 - **Health care may be delivered by interdisciplinary teams of health care workers**
 - **Scope of practice may change for some professions in response to greater demand by elderly patients**



Possible Responses

Assure an adequate pipeline of new health care workers as many retire or leave the field

- **Some professions are at greater risk for depletion than others:**
 - **Professions with long educational trajectories tend to be older (e.g., physicians, clinical psychologists)**
 - **Professions that attract older or second career students (e.g., registered nursing)**

Strategies include scholarships, health careers awareness, career ladders in health professions



Planning for the Future

- Assure an adequate supply of workers
- Increase knowledge and awareness of the needs of elderly patients
- Promote the development of a more culturally diverse workforce
- Support the development of a more accessible, cost-effective delivery system designed to better meet the needs of the growing elderly population in the US