Physician Supply and Demand

IOM GME Committee Meeting

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Projected Supply and Demand, Physicians, 2008-2020

(ALL SPECIALTIES)
Challenge of Workforce Planning

Knowns

- Increased insurance coverage
- Growing population
- Aging population with higher per capita needs
- Expected decline in physicians per capita
- Medical advances increasing utilization over course of lifespan

Demand vs. utilization vs. need & current supply?
Assumptions about current vs. future system?
Up to 32M Newly Insured with Unmet Needs

Elective surgeries up among low-income and Hispanic adults after Massachusetts health law

06/14/2012 10:46 AM

By Helen Shen, Globe Correspondent

More low-income and Hispanic adults in Massachusetts underwent knee or hip replacements and 15 other elective inpatient surgeries after the state expanded health insurance coverage to nearly all its residents in 2006, according to a new study by Boston University researchers.
10,000 Americans Turning 65 Daily

Population age 65 and over and age 85 and over, selected years 1900–2010 and projected 2020–2050

NOTE: These projections are based on Census 2000 and are not consistent with the 2010 Census results. Projections based on the 2010 Census will be released in late 2012.
Reference population: These data refer to the resident population.
U.S. Elderly Living Longer

Death rates for selected leading causes of death among people age 65 and over, 1981–2009

* Change calculated from 1999 when 10th revision of the International Classification of Diseases (ICD-10) was implemented.

NOTE: Death rates for 1981–1998 are based on the 9th revision of the International Classification of Diseases (ICD-9). Starting in 1999, death rates are based on ICD-10. For the period 1981–1998, causes were coded using ICD-9 codes that are nearly comparable with the 113 cause list for the ICD-10 and may differ from previously published estimates. Rates are age-adjusted using the 2000 standard population.

Reference population: These data refer to the resident population.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.
But Obesity & Rates of Chronic Conditions on the Rise

More seniors are obese, leading to a host of other chronic health problems.


<table>
<thead>
<tr>
<th>Sex</th>
<th>65–74</th>
<th>75 and older</th>
<th>65–74</th>
<th>75 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>24%</td>
<td>13%</td>
<td>43%</td>
<td>45%</td>
</tr>
<tr>
<td>Women</td>
<td>27%</td>
<td>27%</td>
<td>19%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Source: National Institutes of Health, (2012). Older Americans 2012: Key Indicators of Well-being

Chronic disease rates are rising in the Medicare population.

Chart 2: Rates of Chronic Conditions Among Medicare Beneficiaries,* 2000–2009

- Diabetes
- Rheumatoid Arthritis/Osteoarthritis
- Depression
- Chronic Kidney Disease


Source: AHA TrendWatch Report (December 2012); United Health Foundation, 2012 America’s Health Rankings
A Growing, Aging Population Matters

Physician Utilization per 100,000 people by Age

Counting Bodies vs. Services

Percentage of Visits to Primary Care Physician by Age (2007)

Source: Health, United States, 2009 – CDC http://www.cdc.gov/nchs/hus.htm
ACGME Residents/Fellows by Specialty in 1st Year of Program, 2010-2011

Family Medicine, Internal Medicine, Pediatrics are 50% of 1st year residency positions

Source: ACGME Data Resource Book, Academic Year 2010-2011
Long View: Trainee Trend in 5 Core Programs 1993–2010

- Family medicine
  - +2,415
- Anesthesiology
  - +25
- Obstetrics and gynecology
  - +2,807
- Emergency medicine
- Ophthalmology

Years:
- 1993-94
- 1995-96
- 1997-98
- 1999-00
- 2001-02
- 2003-04
- 2005-06
- 2007-08
- 2009-10
Residency Positions v. Applicants

Figure 1: Applicants and 1st Year Positions in The Match, 1952 - 2012

Source: NRMP 2012
M.D. and D.O. Student Growth Outpacing GME Growth

No physician can practice without residency training!
Addressing Distribution

Many States are Net Exporters of Physicians & Many AMCs Serve Large Regions

Map 11. Percentage of Residents and Fellows Retained From ACGME Programs, 2010

Source: AMA Physician Masterfile (December 31, 2010)
CA, WA Trained 21% of Physicians Currently Practicing in Idaho

State of GME training for physicians in Idaho in 2011 (n=2,732)
Univ of CA Trainees Practice in 49 States

Current Practice Location of GME Graduates 2000-2007
AMCs Provide Regional Access

University of Washington Patient Admissions by Zipcode

Date Covered: 07/01/2011 - 08/30/2012
Note: Data for University of Washington Medical Center and Harborview Medical Center; 2% of admissions were from foreign or unmatched zipcode areas.
Regional Access: Univ of CO

University of Colorado Health Systems Inpatient Discharge By Zipcode

Date Covered: 12/01/2011 - 11/30/2012
Note: 2% of inpatient discharges were from foreign or unmatched zipcode areas.
AAMC Physician Workforce Policy Recommendations

1. “The number of federally supported GME training positions should be increased by at least 4,000 new positions a year to meet the needs of a growing, aging population and to accommodate the additional graduates from accredited medical schools. The medical education community will be accountable and transparent throughout the expansion.”

Goal: Address less than half of expected physician shortage through increased training capacity
2. “Current and future targeting of funding for new residency positions should be planned with clear attention to population growth, regional and state-specific needs, and evolving changes in delivery systems. Today, approximately half (2,000) of these additional positions should be targeted to primary care and generalist disciplines; the remainder should be distributed across the dozens of the approximately 140 other specialties that an aging nation relies upon. Attempts to increase physicians in targeted specialties by reducing training of other specialists will impede access to care.”
3. “In addition to expanding support for GME, policy makers should leverage clinical reimbursement and other mechanisms to affect geographic distribution of physicians and influence specialty composition.”

4. “The federal government should continue to invest in delivery system research and evidence-based innovations in health care delivery.”

Need more efficient health care delivery models and increased physician training positions.