

# Health Care Reform and Physician Shortage

By Deb Collier

A recent headline in the New England Journal of Medicine, March 11, 2010, predicts a dismal scenario for physician recruiting in light of the Patient Protection and Affordable Care Act—health system reform legislation signed into law by President Obama on March 23. The headline reads, “Physician Survey: Health Reform May Lead to Significant Reduction in Physician Workforce”. With a physician workforce already stretched thin in many parts of the country, I think we must carefully evaluate the multiple factors that contribute to increasing physician shortages in order to best position ourselves for future recruitment success.

The above mentioned survey of 1,195 physicians, conducted by The Medicus Firm, states, “50 percent of the respondents feel that income and practice revenue will be negatively impacted” by the impending health care reform changes. Even though the American Medical Association along with the majority of the medical community has endorsed health care reform in some form, 72% of physicians believe that reform will have a negative effect on their income and will negatively impact morale.

Studies project a national shortage of 150,000 to 200,000 physicians by the year 2020. I think there is already a shortage of physicians.

The American Association of Medical Colleges reports “that many specialties are in short supply, “currently a substantial shortage of cardiologists”, “severe decline in the number of active neurosurgeons”, “primary care on the verge of collapse”. Those captions may be a little dramatic, but rural and small community hospitals already feel the pinch of a lack of candidates for their openings in primary care and core specialties; General Surgery, Orthopedic Surgery, Gastroenterology, Neurology, etc. With a third of the nation’s counties considered persistent whole county Health Professional Shortage Area (HPSA) sites, the issue of shortage and maldistribution is very real. HPSA sites occur in both urban and rural areas where there is a shortage of health professionals.

Access to care is affected by the changing demographics of today’s physician workforce: the high percentage of aging physicians, the increase in Gen X & Y physicians who require a work schedule that allows for a balanced lifestyle, and fewer medical students selecting primary care training programs for higher paying specialties in consideration of their student debt. There are fewer “generalist” physicians and surgeons in practice as many graduating residents choose to pursue fellowship training. Over 85% of doctors completing General Orthopedic Residency programs will go on to sub-specialty training. The results are a delay in the availability of those physicians to join the workforce and fewer General Orthopedic Surgeons practicing in community settings.

With an active physician workforce of 774,000 nationwide, there is an average of 90 primary care doctors for every 100,000 people. Consider that 1 in 4 active physicians is age 60 years or older. Factor in the percentage of physicians that spend part of their work week in academics, research or in an administrative role, and the workforce is further diminished. Today’s definition of a Full Time Equivalent has changed as more physicians, male and female, work a flexible schedule as compared to the 24/7 work mode of years ago. In addition to patient care hours, physicians continue to carry the burden of administrative paperwork. A new national survey finds that physicians on average are spending the equivalent of three work weeks annually on administrative tasks required by health plans alone.

Most hospital physician recruiters are finding previously routine primary care and specialty searches to be challenging. Recruiters took 180 days to fill positions for internal medicine or family practice physicians, according to the Medical Group Management Association's new In-House Recruitment Benchmarking Survey: 2010 Report Based on 2008 Data. Six months is a long time to wait for a new physician to fill a community need. The medical staff vacancy can be very costly to local patients as well as the hospital's ability to sustain basic services. In some cases, the position may remain unfilled indefinitely resulting in reduced access to services, costly locum tenens staffing or possibly the decision to close a service line.

The current healthcare workforce cannot possibly accommodate an additional 32 million patients. At the time Massachusetts began their recent health reform plan, it had an uninsured rate of about 10 percent leading to a wait time for new patients exceeding 60 days. Today in Massachusetts 40% of Family Medicine physicians and 56% of Internal Medicine physicians have closed their practices to new patients. The current rate of uninsured nationally is 15 percent. In Texas, a quarter of residents don't have coverage. Alaska, Florida and New Mexico also have rates higher than 20 percent. Today's physician workforce cannot work enough hours to deliver timely and high quality care to several million new patients, many whom will bring complicated and multiple diagnosis conditions as a result of lack of access.

Experts agree on several solutions:

- Increase medical school enrollment
- Introduce legislation to remove the cap from graduate medical education
- Incentivize careers in primary care

Others believe we can best prepare for 2014 and the influx of newly insured patients by addressing reimbursement, provider compensation, and building integrated care teams with physicians, physician assistants, nurse practitioners and other clinical specialists.

I think we can make the most significant impact in improving our recruitment success on a local level. We can start by exploring ways for local, regional and state stakeholders to collaborate and build a united front for physician recruitment. Together, we can begin with programs directed to welcome and support medical students in our communities and address the elephant in the room – student debt, with recruiting incentives for students during training. We must increase the retention rates of physicians who complete their residency training in our state through initiatives created for residents to experience the benefits of living and working in our area. Instead of local competition, we need local hospitals to collaborate in an effort to secure the services of a specialist to a region, benefitting all patients instead of just one hospital's market share. Cooperation between health systems and area hospitals to jointly recruit the whole family, accommodate multiple careers, and successfully promote the area will go far to address the physician shortage and accommodate 32 million new patients into our healthcare system.

Resources:

<http://www.freerepublic.com/focus/f-news/2468534/posts>

<http://www.aamc.org/workforce/stateandspecialty/recentworkforcestudiesnov09.pdf>

<http://www.healthaffairs.org/press/mayjun0903.htm>