

## The hazy doc shortage

There's a serious problem, but lack of clarity forestalls solutions

*By Michael Romano*

Despite mounting concern about a looming shortage of doctors, little has been done in recent years to boost medical school enrollment or increase government spending on the residency programs that train future physicians, a range of experts say.

The reason? Even those who warn of a coming cataclysm have only a hazy grasp of the potential scope of the long-term problem. That dilemma, combined with the absence of almost any leadership from the federal government on the issue, is triggering widespread worries about whether anything will be done to adequately address the issue.

In May, for instance, the Association of American Medical Colleges, an organization intimately involved in training doctors, hosted a national physician-workforce conference that attracted more than 100 educators, bureaucrats, college administrators and health policy experts to the nation's capital. On the first day of the conference, the predicament was spelled out in stark terms by a featured speaker, David Blumenthal, director of the Institute for Health Policy at Massachusetts General Hospital.

Blumenthal offered a couple of axioms to illuminate the key question of just how many doctors this country will need in the foreseeable future. The first, he told the crowd, "is that you can't predict supply if you can't predict the future of the American healthcare system.

"And the second axiom is you can't predict the future of the American healthcare system."

Thomas Ricketts, director of the Southeast Regional Center for Health Workforce Studies at the University of North Carolina at Chapel Hill, agreed, adding that it's tough to project tomorrow's workforce needs when experts can't even precisely determine today's supply. American Medical Association statistics show that there are 884,974 physicians in this country, and that about 79% of those are involved in patient care. What's less apparent from all these "elegant charts and graphs," he noted, is determining who is doing what and for how long -- in other words, how many of these doctors work 60 hours per week, how many fit the definition of a "full-time equivalent," how many work 20 hours per week, and how many do little or nothing at all?

"We really don't know what we're talking about here," he confided to the audience, triggering a few knowing chuckles.

### **A shortage, but how big?**

Despite the uncertainty, most experts now agree that the U.S. is, in fact, facing a shortage of physicians that may stretch well into the next couple of decades. But that's where the consensus ends. Few observers agree on just how many new doctors will be needed -- at least over the longer term.

"Over the next 10 years, demand for physicians is likely to increase and to exceed the current supply," Blumenthal said. "After 10 years ... all bets are off."

Last year, the AAMC, in its first acknowledgement of concerns about a doctor shortage, recommended that the nation's 125 allopathic medical schools boost enrollment about 15% by 2015, increasing the student body by approximately 2,500 a year. Officials are now revising that estimate, and expect to recommend at the AAMC board meeting later this month that medical schools, which have turned out about 16,000 graduates per year over the past quarter century, double that earlier estimate and shoot for increases of about 30%.

That revision was overdue, says Richard Cooper, a longtime expert on physician workforce issues who is a professor at the Leonard Davis Institute of Health Economics at the University of Pennsylvania. A pessimist on physician supply, Cooper believes the U.S. needs far more than the 5,000 or so additional physicians that will be produced if the AAMC institutes its plan to boost enrollment. He predicts that the nation will need about 125,000 more doctors in 2015 than we have today. The nation is already scrambling to meet demand, says Cooper, who estimates that the U.S. is already about 50,000 doctors short of what is needed.

Cooper calls the AAMC's earlier effort to boost enrollment by 15% "like spitting in the ocean. We need 10,000 more doctors a year -- and right now."

Part of the problem, he says, is that the shortage hasn't reached the stage where patients are being forced to wait great lengths for a doctor's appointment. "We don't have the public momentum, but we do have to immediately recognize the magnitude of this problem."

Last month's workforce conference was the second annual national meeting on physician supply sponsored by the AAMC, which created the Center for Workforce Studies about two years ago to concentrate on the issue.

Edward Salsberg, the center's director, says he expects the AAMC board to endorse the recommendation for a 30% boost in enrollment. He warns that signs point clearly to some level of physician shortage down the road. Among the factors: a growing population and a sharp increase in the number of elderly patients; an older population of doctors who are more likely to work less or retire (more than 250,000 active doctors are over 55 years of age); a newer generation of young physicians who are more concerned with lifestyles and family time than working the 60- to 80-hour weeks of their predecessors; and more women doctors, who also are inclined toward family and shorter work weeks. In 1980, only about 23% of medical school graduates were women; this year, that proportion has grown to more than 47%.

"I think we have the perfect storm scenario," says Salsberg, the author of a 2003 report that projected a shortage of as many as 96,000 physicians by 2020.

Salsberg agrees with Cooper on one issue: Both believe something needs to be done -- and very quickly. It will take at least a decade to make a dent in the numbers of doctors, says Salsberg, who pointed out that an increase of 30% in U.S. medical school graduates phased in over the next decade will add only about 60,000 physicians by 2020.

Salsberg suggests that the shortage can be addressed by greater capacity at existing medical schools and the creation of anywhere from five to 10 new medical schools. For his part, Cooper said the nation needs as many as 9,000 new students -- and that, he says, is "90 new medical schools."

There is some movement already in the number of medical schools, which has remained fairly constant since a building boom nearly 25 years ago.

In Florida, state policymakers have approved the creation of two new medical schools, one at Florida International University in Miami, the other at the University of Central Florida in Orlando. Across the country, Oregon Health & Science University plans to open a branch campus in Eugene. Michigan State University is also developing a new medical school in Grand Rapids, about 70 miles west of its main campus in East Lansing. The university is collaborating on the new campus with Grand Rapids-based Spectrum Health, a not-for-profit health system that will contribute about \$85 million to the project.

### **Might not be enough**

Still, even if medical schools ramp up graduates to the level suggested by the AAMC's modest proposals -- churning out 5,000 more future doctors sometime over the next five to seven years -- there may not be enough additional slots in residency programs to accommodate these new doctors-in-waiting. In 2004, for instance, slightly more than 24,000 men and women entered residency training in the U.S., with a total of slightly more than 100,000 of these future doctors spread across the system. That number has not varied widely in recent years, primarily because the level of federal funding for graduate medical education has remained fairly constant for the past eight years or so. About 64% of those individuals were products of U.S. allopathic medical schools, and about 25% were graduates of international medical schools, with 11% graduating from schools of osteopathy.

The AMA, which for years voiced concerns about an overabundance of physicians adopted a policy last year acknowledging "a shortage of physicians, at least in some regions and specialties," and offered a general proposal to identify funding sources for new medical schools and residency slots to meet those needs. According to the AMA, there are shortages in neurosurgery and geriatrics, among other specialties. Several states are in need of additional doctors, including Georgia, where growth in the workforce has "stalled," and Kentucky, which experienced a net loss of physicians from 2000 to 2002. In that two-year period, the AMA says, 36% of the practicing neurosurgeons in the state retired or relocated.

### **Disparities continue**

Jordan Cohen, who will retire this month as president of the AAMC, said at the conference that simply graduating and training more doctors isn't going to solve the key problem, which continues to be shortages in certain specialties and geographic sections, including rural areas. He notes as well that the "racial and ethnic gap" continues to widen as fewer and fewer minorities seek medical degrees. He says that the AAMC will soon launch a "major marketing campaign" to reach out to these underrepresented groups.

Several experts wonder whether the federal government should play a more crucial role in determining future needs. For one, the government eliminated a national center for health workforce planning operated by the Health Resources and Services Administration.

"There is a lack of leadership at the federal level," Salsberg says.

Meanwhile, Salsberg and others continue to express concerns about the increase in the number of international medical school graduates. In fact, Salsberg says, the AAMC board is expected to

encourage an objective assessment of the quality of these offshore medical schools, with a focus on the handful of new institutions that have popped up in recent years in the Caribbean. The number of Caribbean medical schools has quadrupled in the past decade, with a total of 15 new institutions established since the mid-90s. More U.S. citizens than ever before are flocking to them after failing to qualify at medical schools at home. Each year, about 2,500 U.S. citizens enter a foreign medical school, and about 1,400 U.S. citizens who attended schools in foreign countries enter residency training programs.

"We think it's in the interest of U.S. citizen-students going to these schools that they have better information," Salsberg says.

About 42% of all internal medicine residents are international medical school graduates, and about one out of every four U.S. doctors are international medical school graduates. That's well above a relatively recent assessment from a key organization. In 1993, the Council on Graduate Medical Education recommended that the number of international medical graduates entering this country's graduate-medical education system equal 10% of U.S. graduates. The proportion has now shot up to 34%.

Salsberg and Cohen say the increase in international medical graduates is causing concerns on a couple of levels. For one, the U.S. is inadvertently creating a "brain-drain" in the countries where many of the native students attended school, Salsberg says.

To encourage more solid candidates in the U.S. to attend medical schools at home, Cohen suggests it may be time to start thinking about fundamental changes in the way the nation's doctors are trained, focusing on methods that are less expensive and less time-consuming.

### **Schools of osteopathy multiply**

Cohen also cites the experience of schools of osteopathy, which have multiplied in recent years at the same time the number of allopathic schools has remained virtually unchanged. There are now 20 colleges of osteopathy, with three branch campuses. The number of graduates has doubled in the past 25 years to about 3,000 per year, and there are as many as eight new osteopathic medical schools in some stage of planning. Since 1990, the number of doctors of osteopathy, taught primarily at private, for-profit institutions -- has grown to 60,000, a 67% increase.

Salsberg and other experts say there are many other questions surrounding the highly complicated issue of workforce planning, some of them unanswerable. Among them: How many physician-assistants or nurse-practitioners does the healthcare system need or want? And how much of the basic work that usually is handled by a physician can they be expected to perform?

Cohen summed up the overarching question: "What will doctors actually be doing" in the future?