



# **Meeting the Nation's Need for Physician Services: A Response to the Anticipated Physician Shortage**

## **Summary**

Michael R. Grever, MD, Gregory C. Kane, MD, John I. Kennedy, MD, Mary Ann Kuzma, MD, Alan R. Saltzman, MD, Peter H. Wiernik, MD, Nicole V. Baptista

March 2009

---

The position statement has been endorsed by the Association of Professors of Medicine, Association of Program Directors in Internal Medicine, Association of Specialty Professors, Clerkship Directors in Internal Medicine, and Administrators of Internal Medicine.

2501 M Street, NW • Suite 550 • Washington, DC 20037-1324  
T: (202) 861-9351 • F: (202) 861-9731 • W: [www.im.org](http://www.im.org)

## Meeting the Nation's Need for Physician Services: A Response to the Anticipated Physician Shortage

In response to a projected physician workforce shortage, the Alliance for Academic Internal Medicine (AAIM) recommends:

- Strategically increasing the number of Medicare-funded positions for primary care specialties to adequately meet the nation's health care needs. For these new positions, Medicare should support the entire duration of training, which is typically three years but is four years for combined programs such as internal medicine-pediatrics. In addition, AAIM believes new primary care slots should be added in geographic areas of demonstrated need. Ultimately, all health care insurers should have a role in explicitly contributing to GME funding.
- Enhancing the attractiveness of primary care careers by altering the physician reimbursement system, increasing job satisfaction for current and future primary care practitioners, providing incentives for geographic distribution of primary care physicians to areas of greatest need, and applying innovations to educational models.
- Increasing efficiency in the health care delivery system by broadening the use of electronic health records (EHRs) and other advances in health information technology and capitalizing on the use of physician extenders. Additional options for improving health care delivery should be considered.

The United States is facing a physician shortage, and the demand for physicians will increase far more rapidly than the supply under current standards. By 2025, there will be a shortage of at least 124,000 physicians by baseline projections. The physician population most greatly affected by this shortage is primary care physicians.

Primary care physicians are the "first contact" physicians responsible for providing comprehensive, coordinated, and continuous care for a patient's health care needs. This includes care for all stages of life, acute care, chronic care, preventive services, and end-of-life care. Primary care physicians are vital in taking care of the nation's increasing aging population.

Without a robust primary care physician workforce, the nation's health care system will become increasingly fragmented and inefficient. As a result, expanding access to high quality and affordable health care will not be possible.

The number of practicing physicians in the United States is ultimately determined by the number of graduate medical education

(GME) positions or training slots that exist. These positions represent the only pathway to licensure for medical practice in the United States. Since the Balanced Budget Act of 1997 capped the number of federally funded positions in each residency program at the 1996 level, increases to the flow of new physicians into the workforce have been limited despite evidence of growing demand.

At the same time, the number of allopathic and osteopathic graduates entering the pipeline of residency training is climbing due, in part, to recommendations from the Association of American Medical Colleges that medical schools increase enrollment by 30% and the creation of several new medical schools. Medical schools have already started increasing class size and the number of US medical graduates applying to first-year positions is projected to outgrow the number of available slots as early as 2013. This would create a zero-sum game for international medical graduates and would leave US medical graduates without options for training.

## Meeting the Nation's Need for Physician Services: A Response to the Anticipated Physician Shortage

Simply raising the cap on GME positions will not adequately address the workforce issue. AAIM's recommendations call for strategic growth in positions in primary care specialties and geographic areas of need. As stated, the recommendations would prevent an unregulated increase in positions for highly specialized training programs, which might raise health care costs without adding primary care physicians to address health care needs. Focusing on areas of greatest need will address the geographic maldistribution of physicians who tend to settle and practice in high density, high pay areas leaving populations in rural or smaller urban areas with limited access to care.

To ensure additional GME slots translate to a greater number of primary care physicians, AAIM recommends enhancing the attractiveness of primary care careers as well as restructuring the current physician reimbursement system to value primary care services. Increasing physician satisfaction by exploring different models of coordinated care, increasing the use of health information technology, and capitalizing on the use of physician extenders can enhance the working environment for primary care physicians. To increase the number of physicians practicing in areas of greatest need, AAIM recommends expanding the National Health Service Corps, providing loan forgiveness, and eliminating barriers that make it difficult for hospitals to train

residents outside of the training hospital. The educational model should also be studied and ideas for incorporating innovation to enhance the attractiveness of primary care careers should be considered.

The projected physician shortage will also be mitigated by maximizing the efficiency of physicians. In the future, optimizing efficiency may actually reduce the number of physicians required to provide optimal care. AAIM proposes improving the health care delivery system by promoting wide spread use of EHRs, capitalizing on the use of physician extenders, and considering other options for increasing efficiency such as improving access to health care screening.

While the evidence that the nation faces a shortfall of physicians is compelling and difficult to refute, an unbridled increase in GME positions without respect to specialty or practice region would be imprudent. Steps must be taken to ensure access to primary care physicians, better methods for coordinating care, a physician reimbursement system that values the work of the primary care physician, incentive programs for physicians to train and practice in rural areas, adequate support for GME, and steps taken to improve the efficiency of health care delivery. Ignoring the imminent shortage of physicians puts the nation's health and well-being at risk.