

Meeting the Healthcare Needs of the Public Increasing Physician Workforce Supply

Issues and Challenges

Florida Board of Governors
Medical Education Workshop
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Physician Workforce Supply - national perspective -

- substantial shortage of physicians projected
- enrollments in allopathic medical schools relatively constant for quarter century
- graduates of U.S. allopathic schools account for only 2/3rds of new physicians
- call for increase in enrollments by 15-30%
- new schools needed in states with large and growing populations (FSU first new school in quarter century)
- increase in GME capacity essential for increasing supply

Physician Workforce Supply

- state perspectives -

Arizona

California

Georgia

Kentucky

Massachusetts

Michigan

Mississippi

North Carolina

Oregon

Texas

Wisconsin

Physician Workforce Supply

- strategic planning -

In order to develop a comprehensive plan for increasing the supply of physicians, state policymakers will need to be able to select from a full array of strategic options for increasing medical education capacity in the state!

Physician Workforce Supply

- State of Florida -

- the size of the state's physician workforce is comparable to the national average (#MDs/100,000 persons)
- Florida is a major importer of physicians – only 14% of state's physicians graduated from a Florida medical school and only 25% completed residency training in the state
- Florida ranks 3rd among all states in the percentage of physicians who are graduates of non-US medical schools
- Florida has ranked near the bottom in the number of 1st year medical school positions
- Florida ranks near the bottom in the number of entry level GME positions

Increasing UGME Capacity

- State of Florida -

The number of 1st year positions in the state (allopathic and osteopathic schools) is currently projected to more than double the baseline of a few years ago.

The projected increase in 1st year positions will bring Florida to the current national average (population-based).

Because of ongoing and projected increases in 1st year positions in other states, Florida will continue to rank below the national average.

Increasing UGME Capacity

- strategic options-

- increase capacity of existing schools on site
- increase capacity of existing schools using distant sites (regional campuses)
- increase capacity of existing schools by establishing satellite four-year programs
- establish new schools

Increasing UGME Capacity - strategic considerations -

Medical schools vary a great deal in their size, scope of programmatic activities, and organizational structures.

The way that a new school will evolve over time will be determined to a great extent by where the school is located and how it is established.

To develop a comprehensive medical school, the school should be embedded within a university and located in a community that can support the school's clinical education program.

Increasing GME Capacity

- State of Florida -

Increasing GME capacity is essential if the state is to become more self-sufficient in producing physicians!

How the state chooses to increase UGME capacity will have an effect on how its GME capacity increases.

Increasing GME Capacity

- strategic consideration -

Hospitals that provide residency training vary a great deal in the size and scope of their GME programs:

- integrated academic medical centers
- major teaching hospitals (strong medical school affiliation)
- independent community hospitals (weak affiliation)
- non-affiliated hospitals

Increasing GME Capacity

- strategic consideration -

The nature of Florida's future physician workforce will be affected by how GME capacity develops in the state. Most graduates of U.S. medical schools prefer to train in GME programs based in AMCs or major teaching hospitals that are closely affiliated with a medical school. Those hospitals:

- offer a full spectrum of specialty programs
- offer a wide range of subspecialty programs
- provide opportunities for inter-professional education experiences
- provide a more academically oriented learning environment
- provide opportunities for conducting scholarly projects

Increasing GME Capacity

- strategic challenges -

There are major challenges that must be met to increase GME capacity:

- recruiting institutional partners
- funding new programs
- negotiating academic affiliation agreements
- recruiting program directors and faculty
- strategically managing the development of the programs

Increasing GME Capacity

- funding issues -

- the Medicare program is the single largest payer of the costs of GME
- there is no Medicare policy that *prohibits* an existing sponsor of GME programs from increasing the size of existing programs or developing new programs
- the Medicare program will not reimburse hospitals its “fair share” of direct GME costs for positions in excess of the hospital’s current cap
- the impact of the current policy (GME caps) on hospitals varies depending on the size of its Medicare inpatient population (fair share determinant)
- *there is no pre-determined cap for new GME program sponsors*

Increasing Medical Education Capacity

- return on investment —

- increase opportunities for Florida residents to attend medical school in the state
- increase likelihood of maintaining an adequate physician workforce
- improve health care in the state
- create new jobs
- attract out of state funds

Physician Workforce Supply

- strategic planning -

Given the formidable challenges that must be addressed to increase physician supply, state governments should first decide on their physician workforce objectives, and then develop a comprehensive plan for achieving those objectives through strategic management of their medical education capacity!