

POTENTIAL SOLUTIONS FOR THE EVOLVING PHYSICIAN SHORTAGE

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Orlando
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POTENTIAL SOLUTIONS

Expand the infrastructure for undergraduate medical education

Expand the applicant pool

Expand residency (GME) training programs

Increase the number of International Medical Graduates

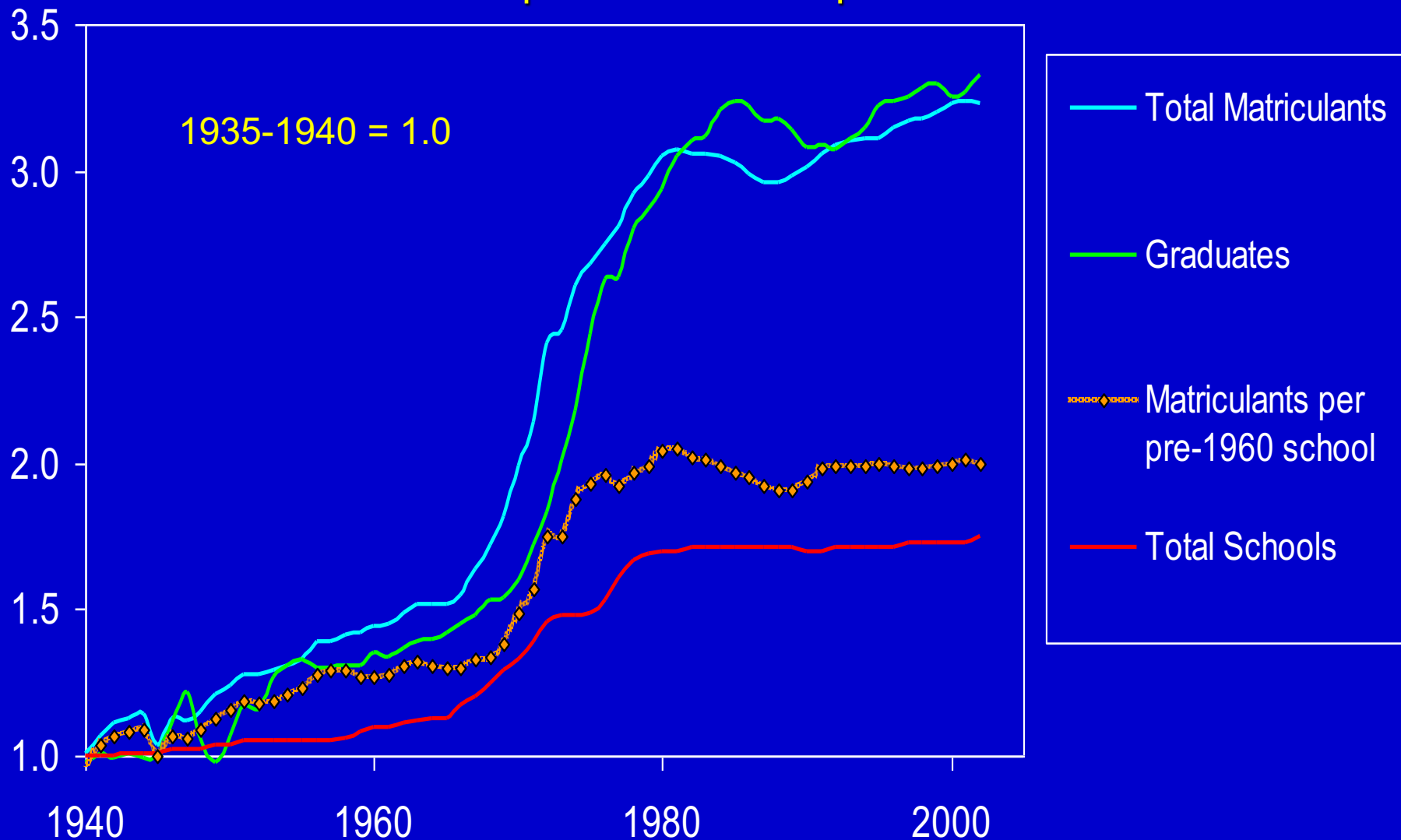
Increase the utilization of nonphysician clinicians

Streamline the processes of care

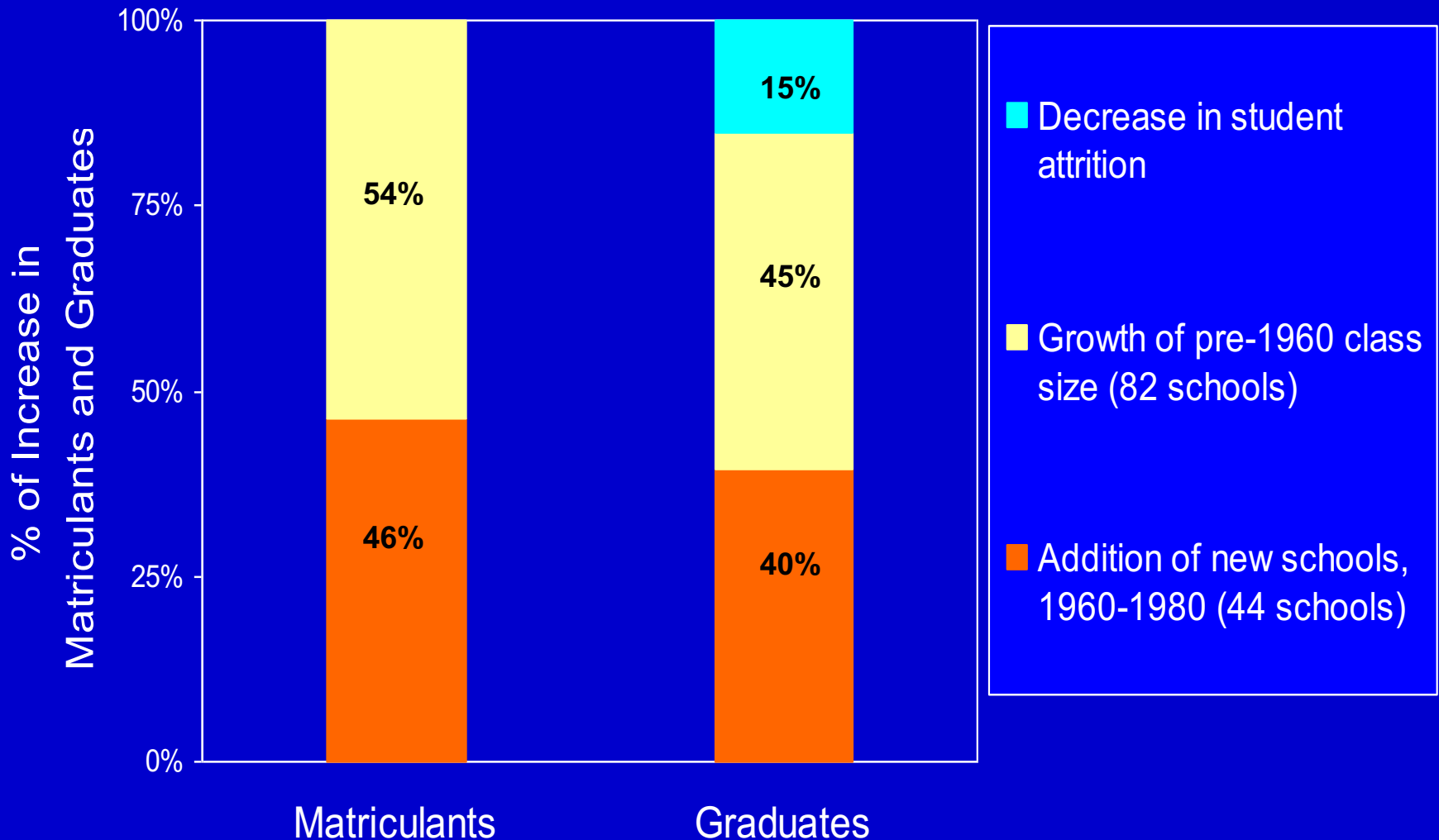
Improve the legal and regulatory environment for medical practice

EXPANSION OF MEDICAL SCHOOLS

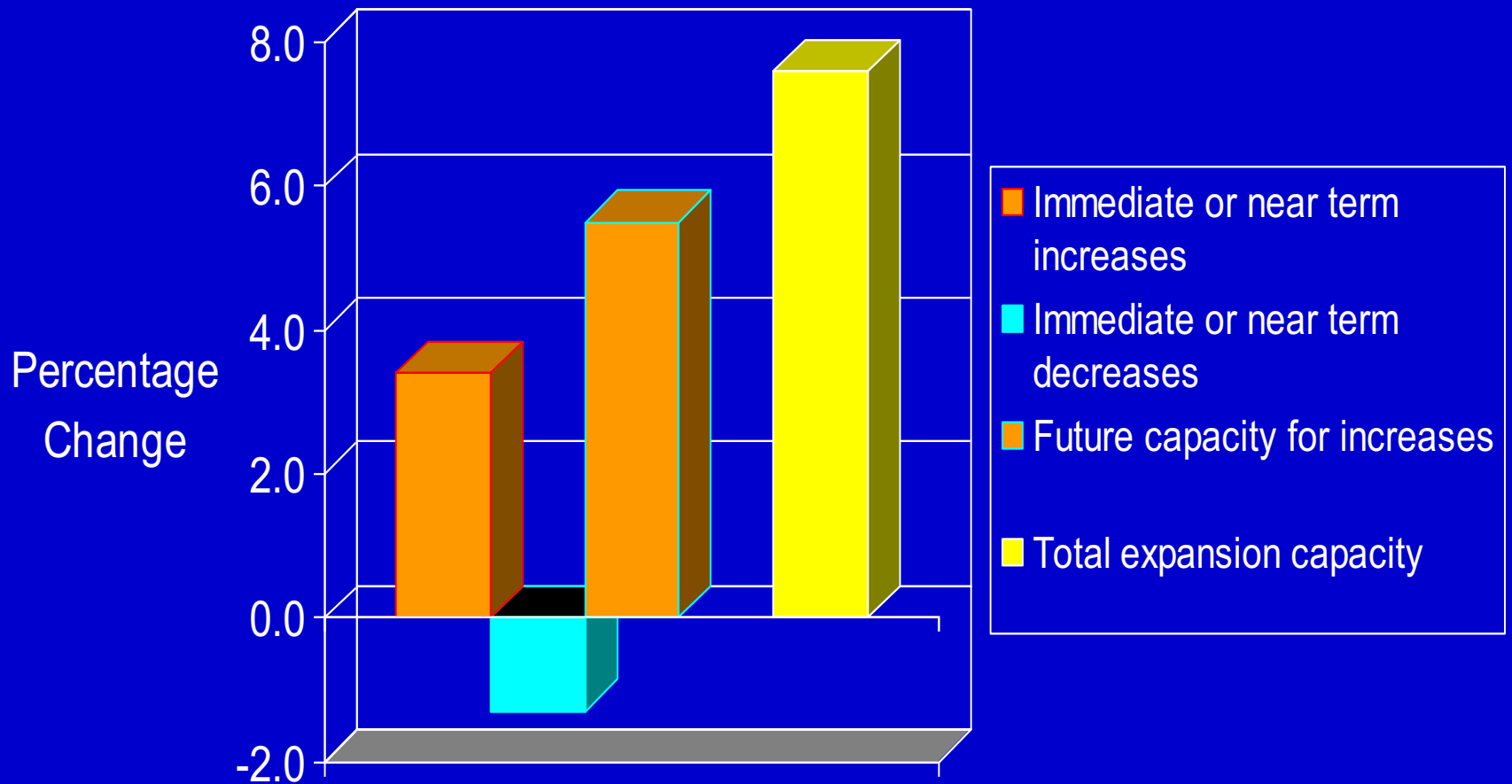
MEDICAL SCHOOLS, MATRICULANTS and GRADUATES, 1940-2002 Allopathic and Osteopathic



CONTRIBUTIONS TO INCREASED NUMBERS OF MD MATRICULANTS AND GRADUATES, 1960 vs. 1980



DEANS' SURVEY EXPANSION CAPACITY OF EXISTING MEDICAL SCHOOLS



SATELLITES and BRANCHES

SATELLITE CAMPUSES

Expand educational capacity of school

Distant from main campus

Separate administrative structure

Significant educational components

Most developed in 1960s and 1970s

28 schools with satellite clinical campuses

6 schools with satellite preclinical campuses

BRANCH CAMPUSES

ALLOPATHIC MEDICAL SCHOOLS

U of I branch at Urbana, Rockford, Peoria

Cleveland clinic branch of Case-Western Reserve

OSTEOPATHIC MEDICAL SCHOOLS

Touro University (CA) branch at Las Vegas, NV

Philadelphia COM (PA) branch at Atlanta, GA

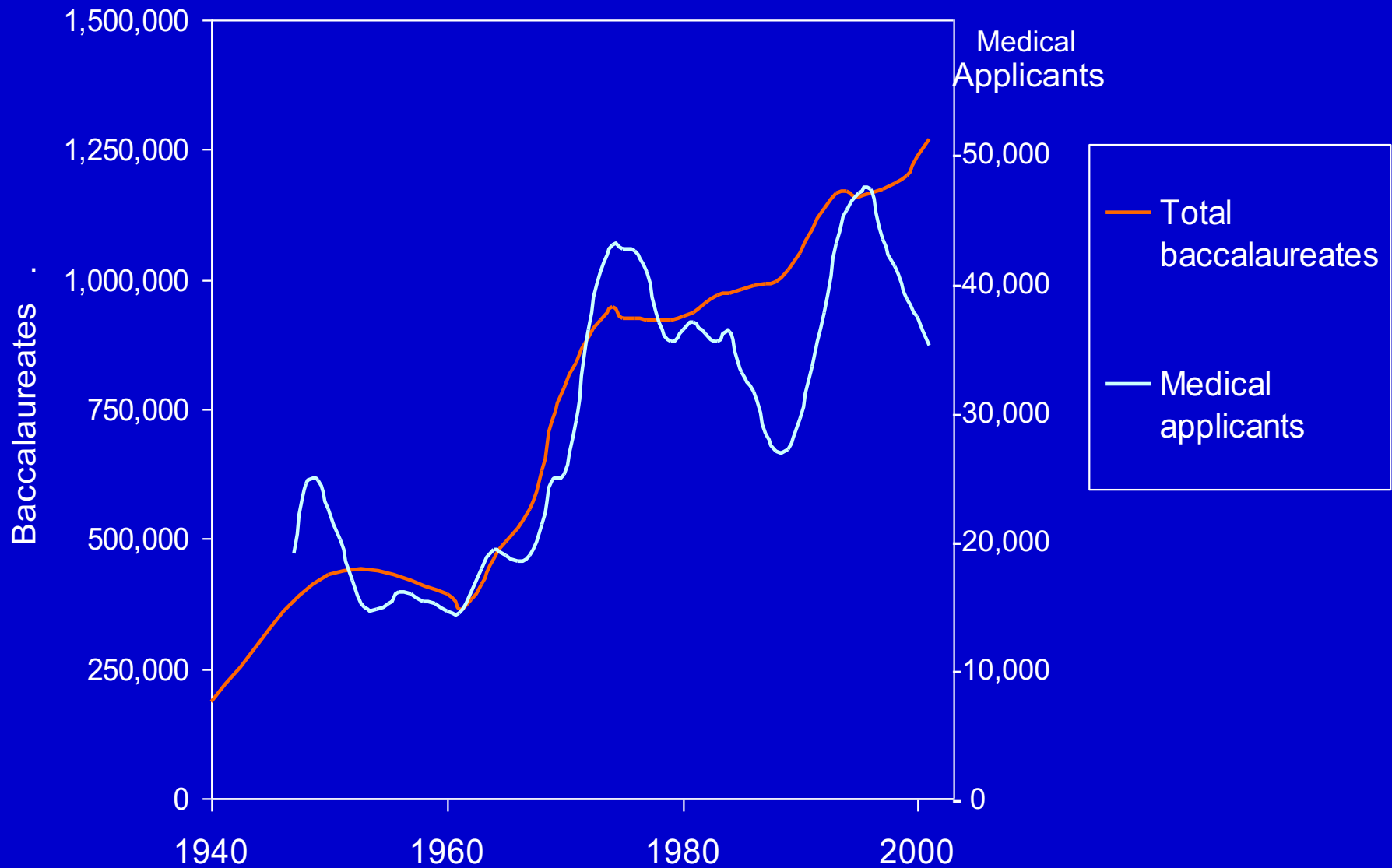
Lake Erie COM (PA) branch at Bradenton, FL

Western University (CA) branch planned ? where

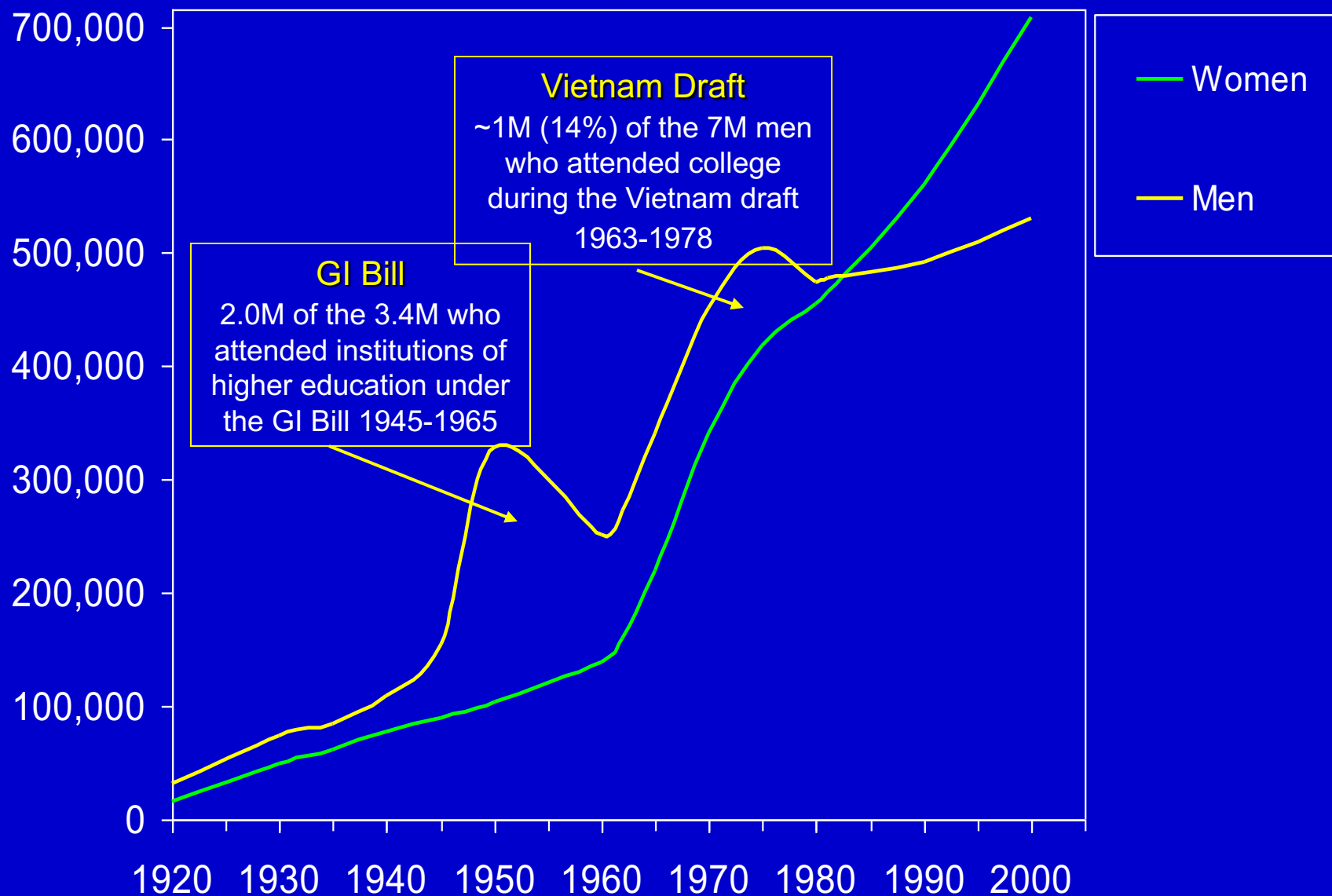
APPLICANTS

BACHELOR'S GRADUATES and MEDICAL APPLICANTS

1940-2001

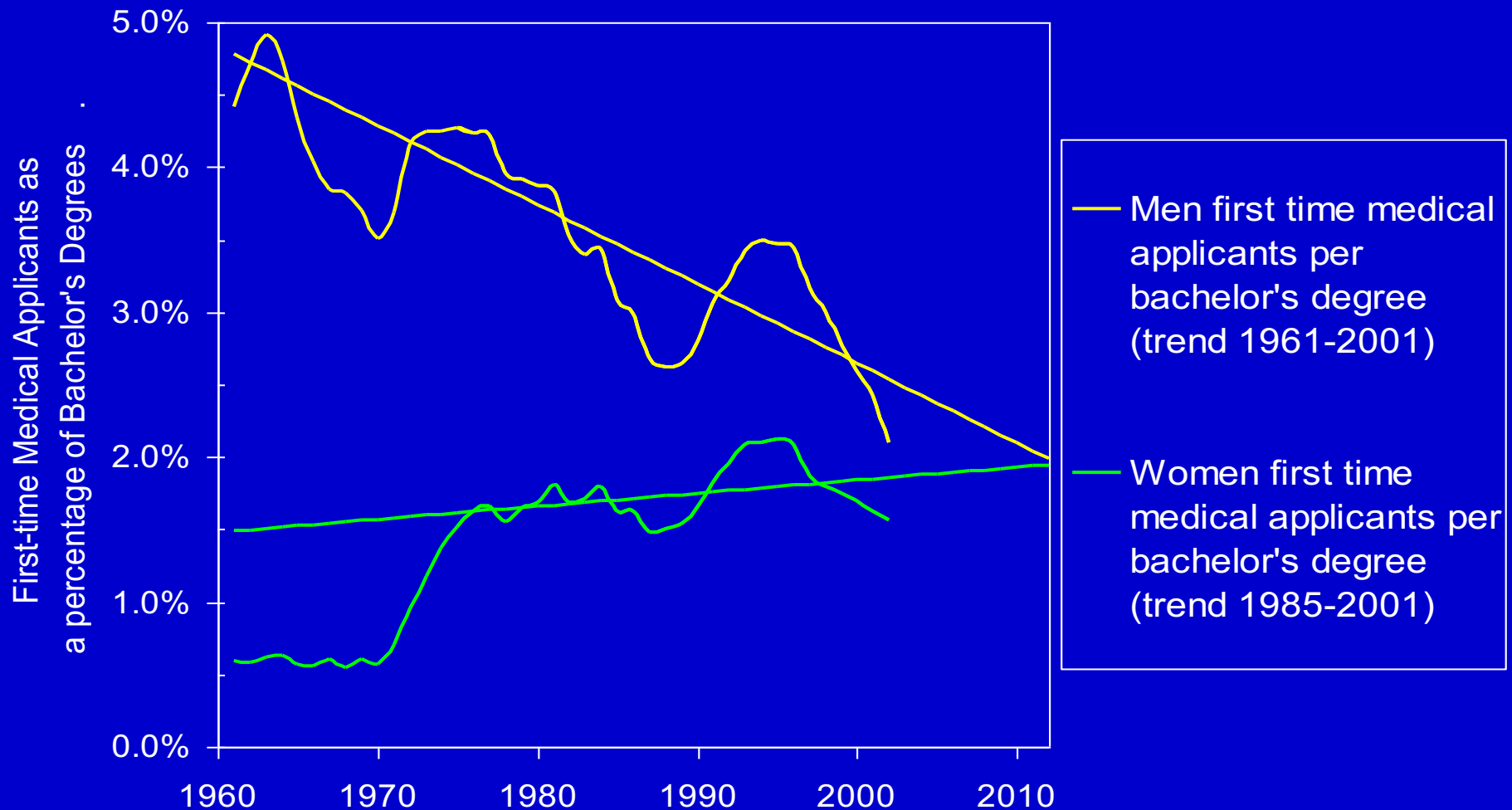


BACHELOR'S DEGREES 1920 to 2000

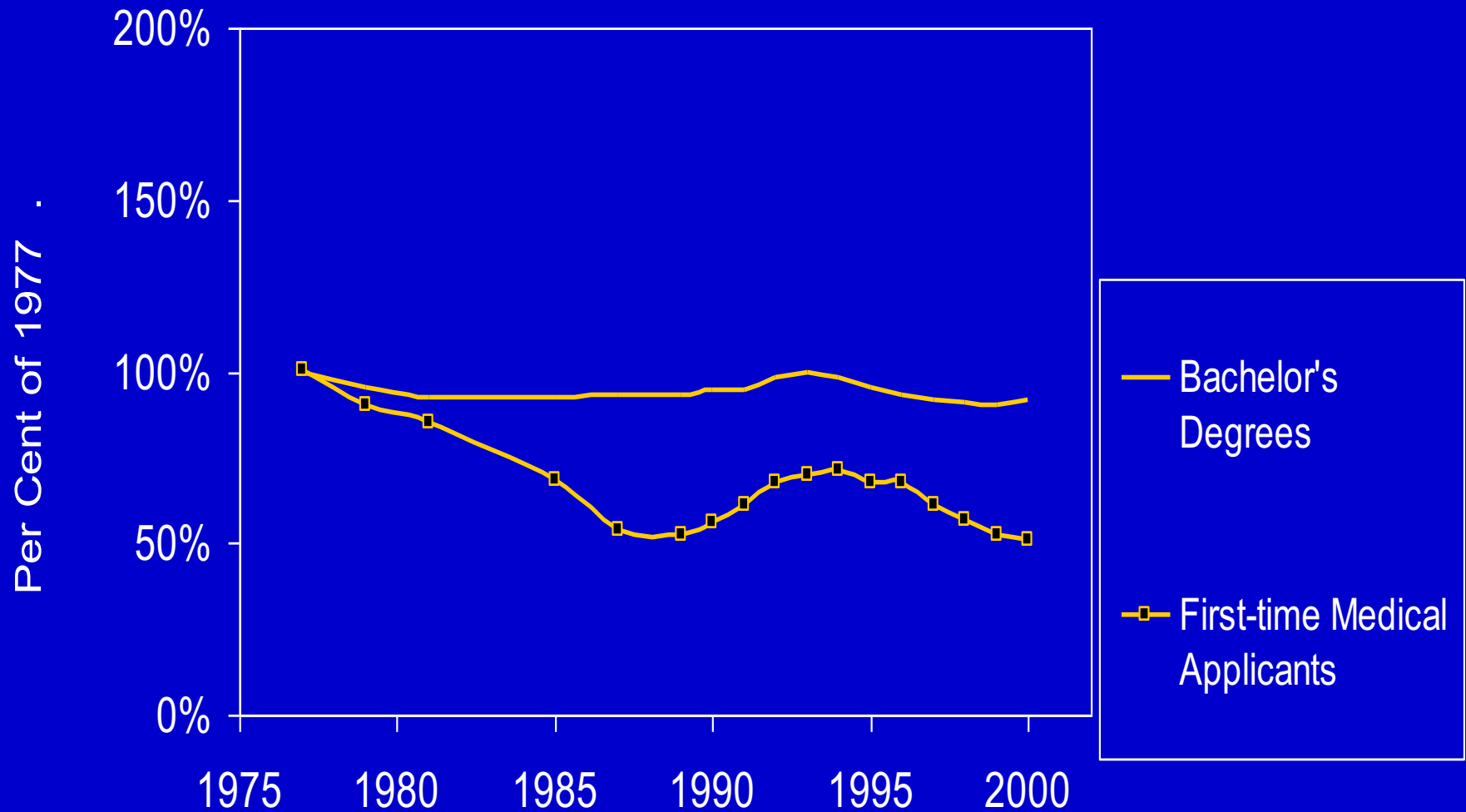


FIRST-TIME ALLOPATHIC MEDICAL SCHOOL APPLICANTS as a PERCENTAGE of BACCALAUREATE DEGREES

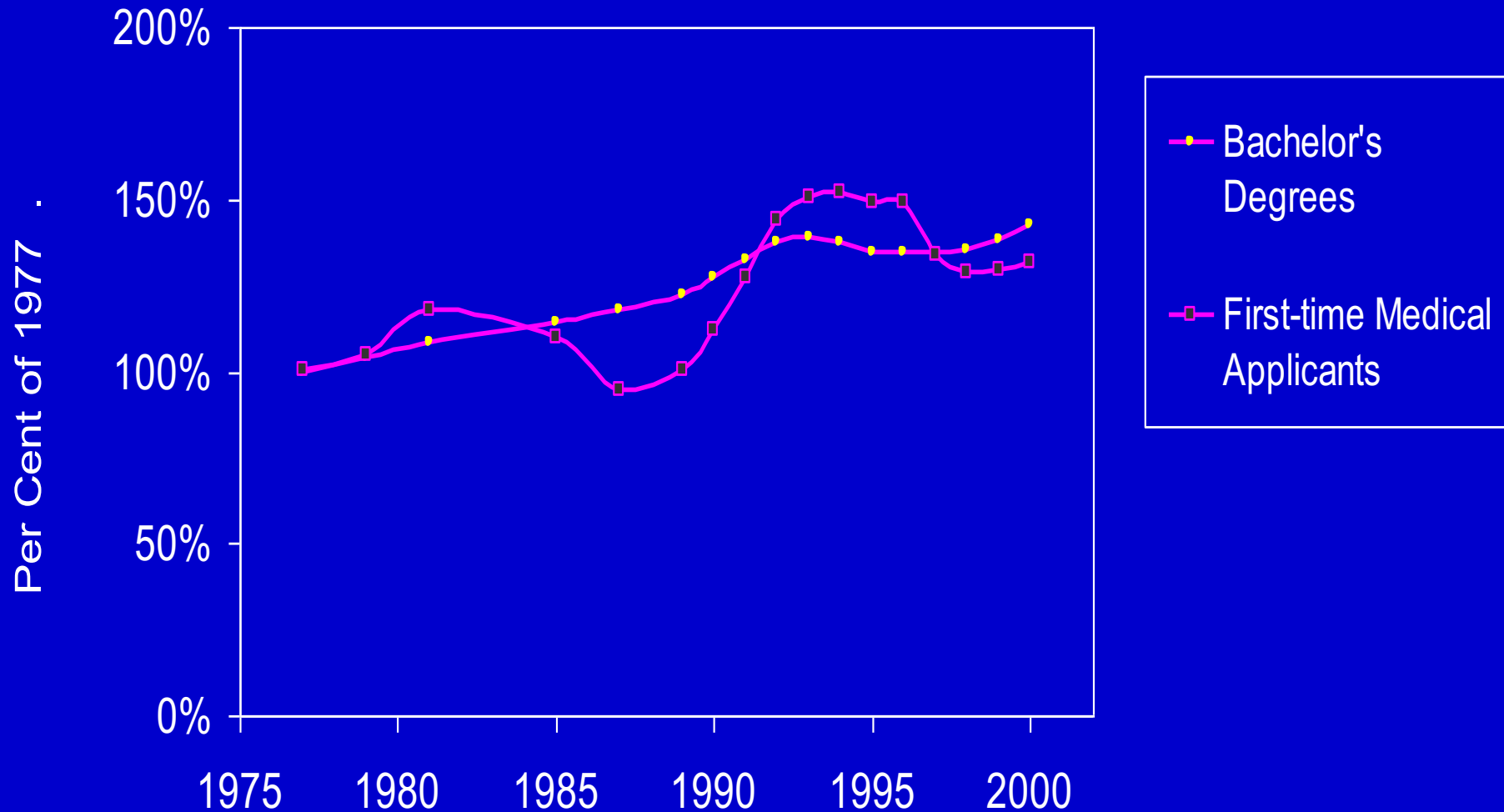
1961-2001



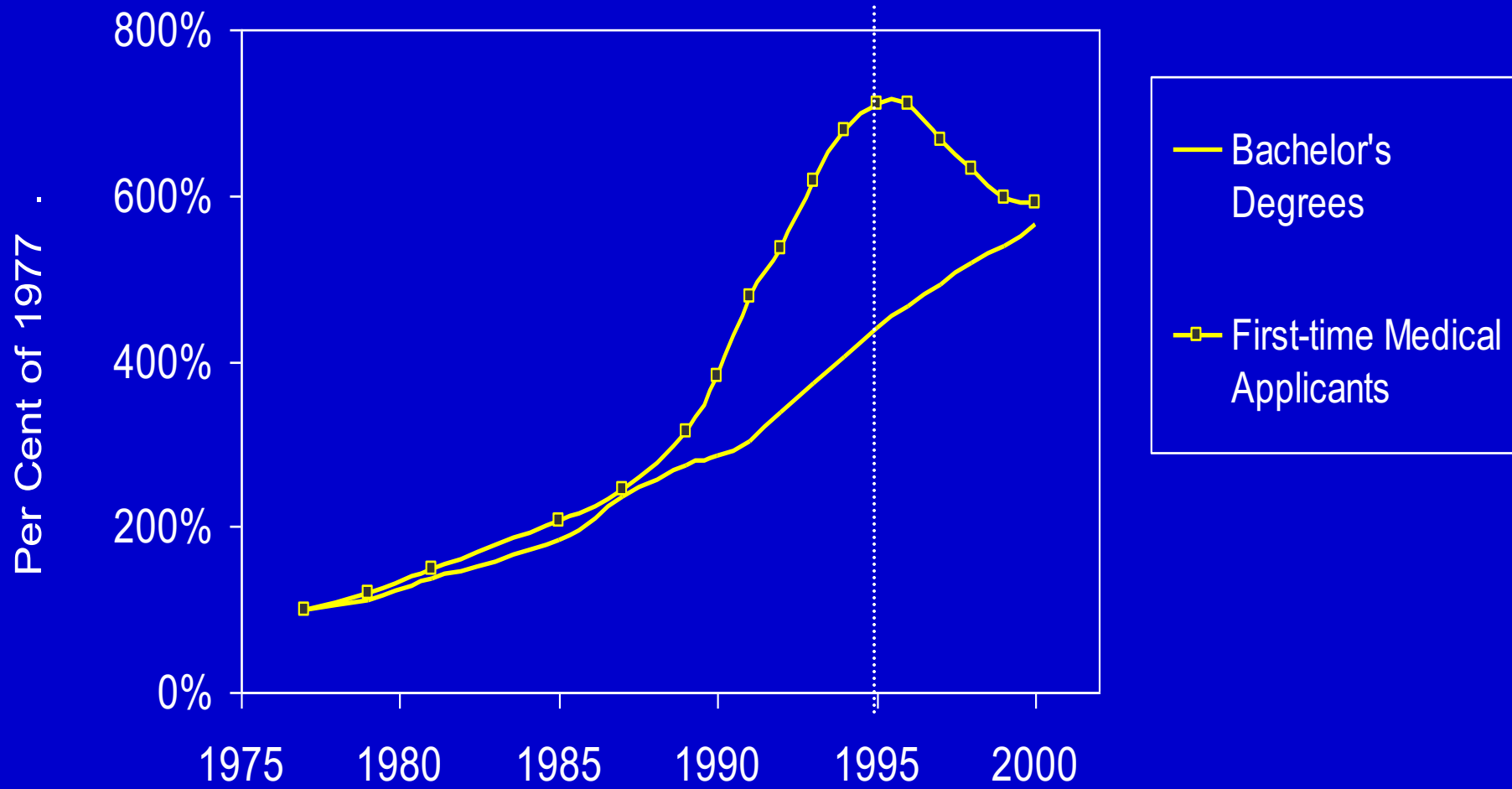
WHITE MALE BACHELOR'S DEGREES AND FIRST-TIME MEDICAL APPLICANTS 1977-2000



WHITE FEMALE BACHELOR'S DEGREES AND FIRST-TIME MEDICAL APPLICANTS 1977-2000

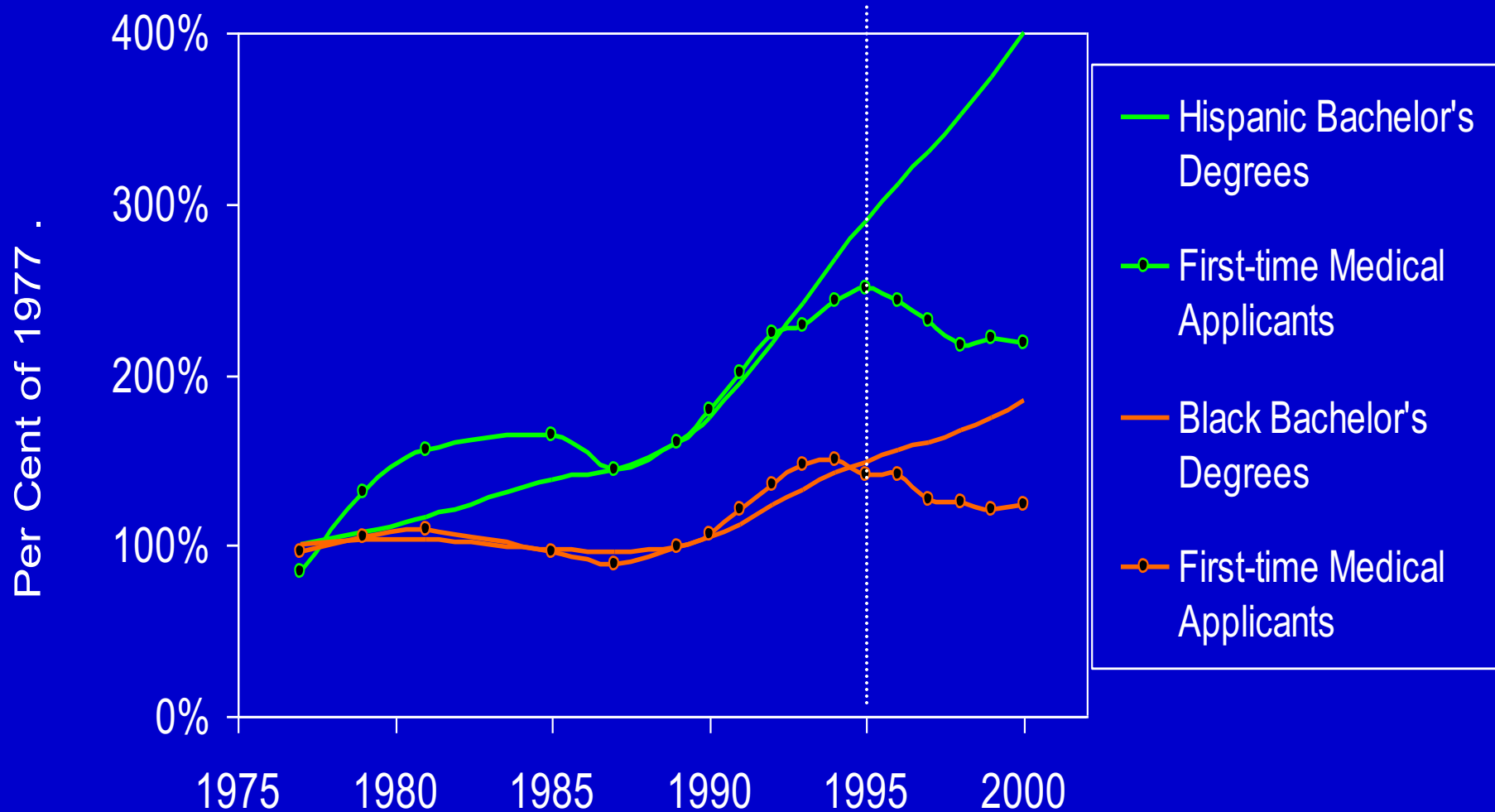


ASIAN BACHELOR'S DEGREES AND FIRST-TIME MEDICAL APPLICANTS 1977-2000



BLACK

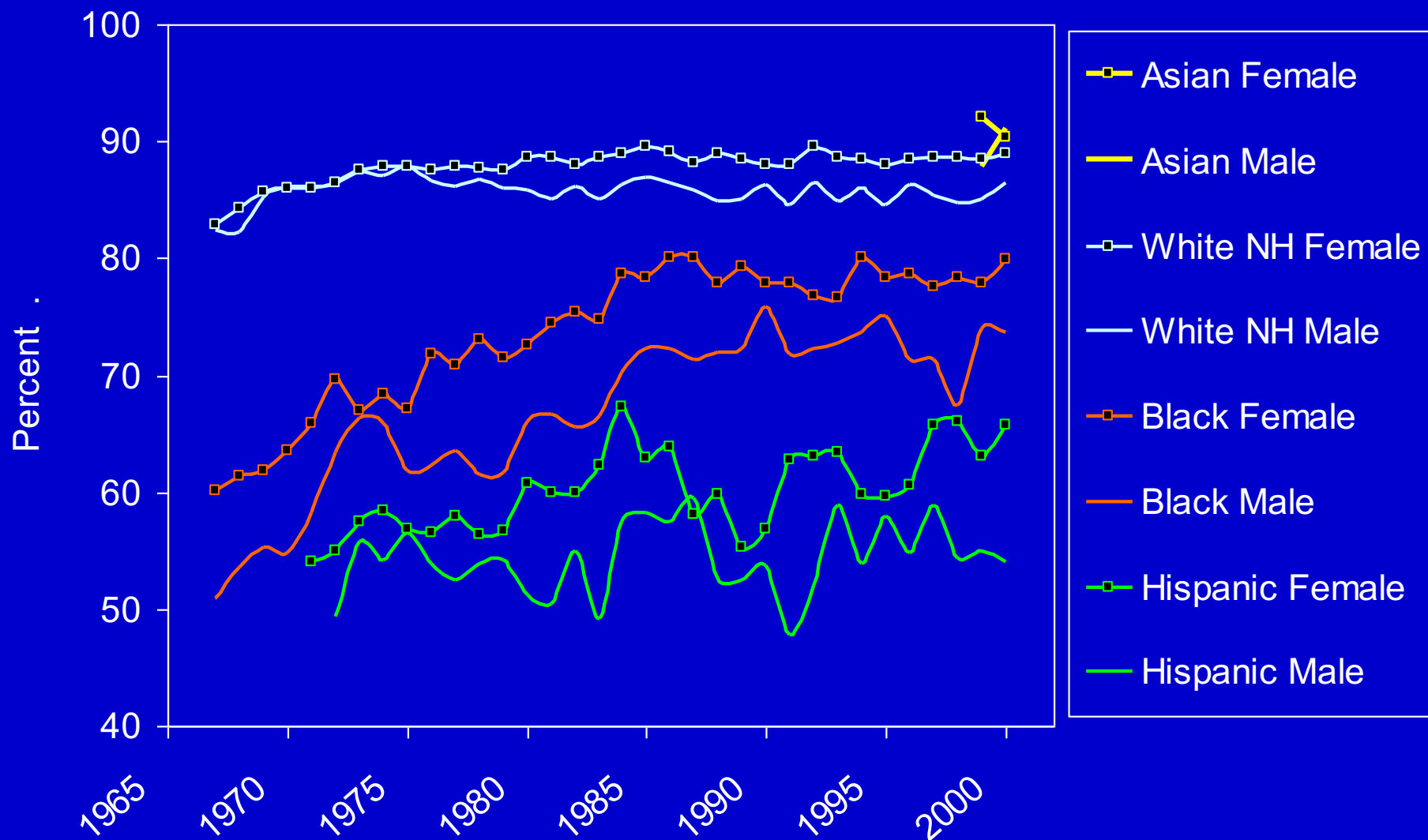
BACHELOR'S DEGREES AND FIRST-TIME MEDICAL APPLICANTS 1977-2000



STUDENTS MUST GRADUATE FROM HIGH SCHOOL
TO GO TO COLLEGE

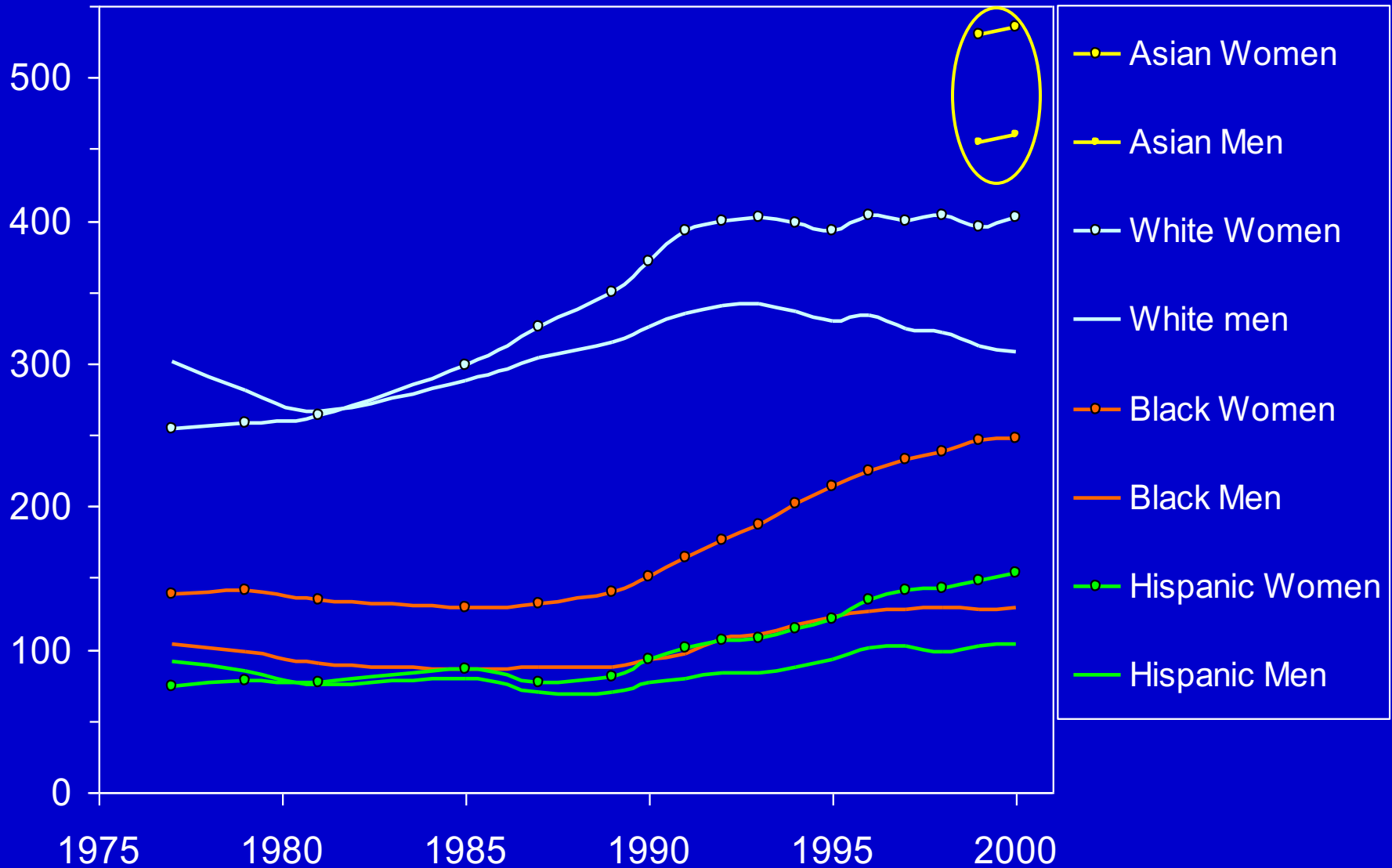
....BUT EVEN THEN, THEY MIGHT NOT

HIGH SCHOOL COMPLETERS 1967-2000

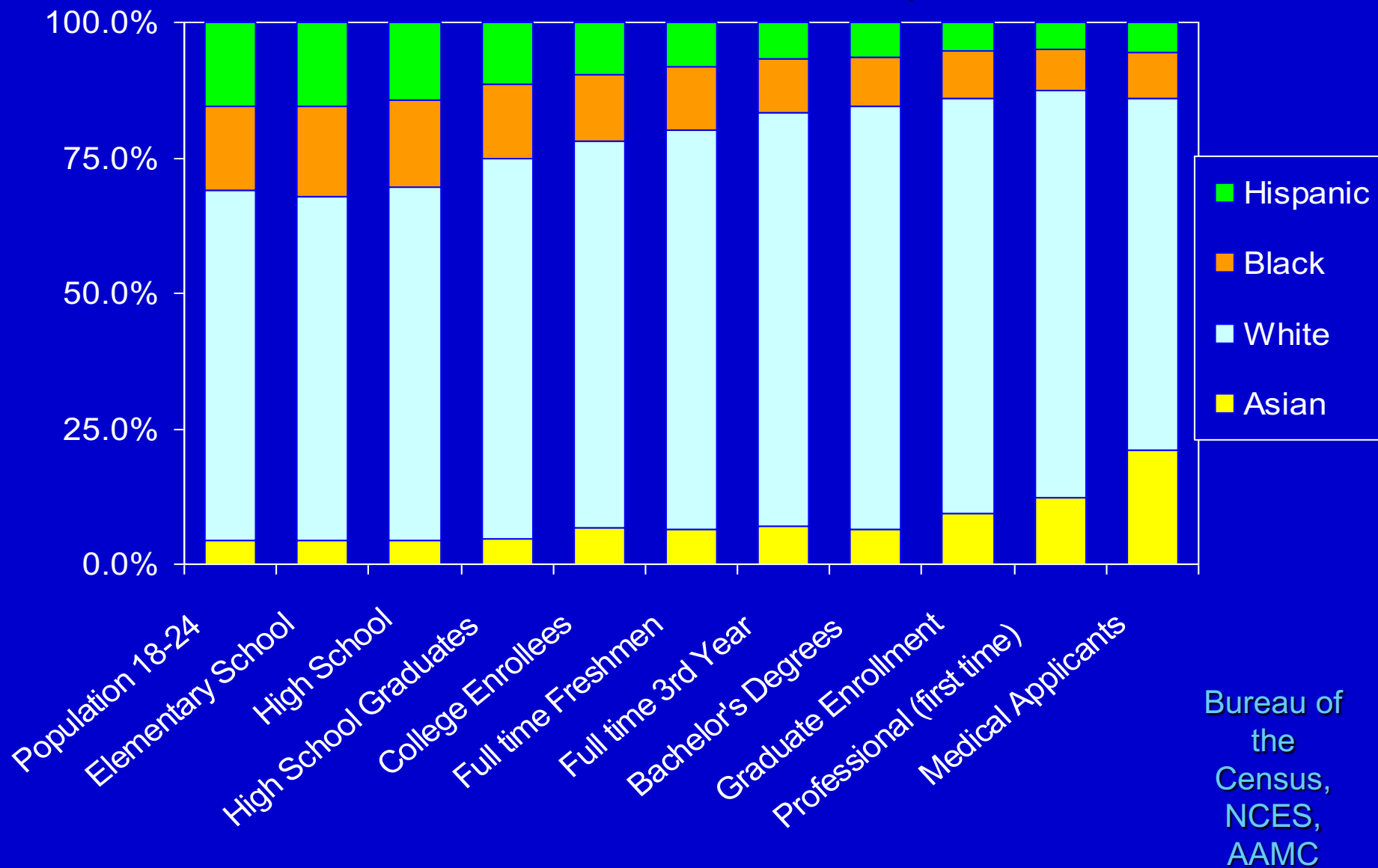


BACHELOR'S DEGREES PER CAPITA

Per 1,000 21-year olds

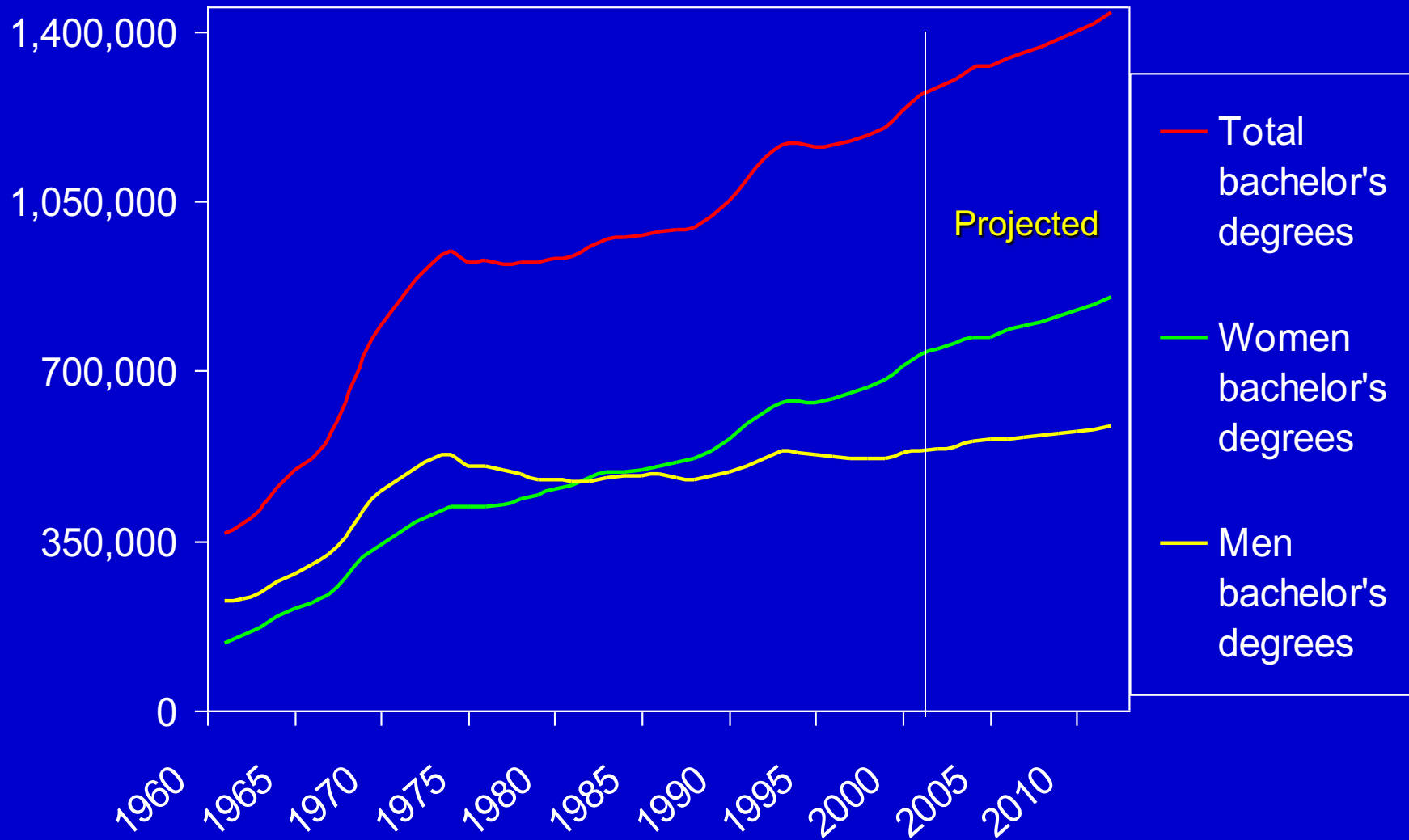


RELATIVE PROPORTIONS of WHITES, ASIANS, BLACKS and HISPANICS VARIOUS LEVELS OF EDUCATION, 1999-2000



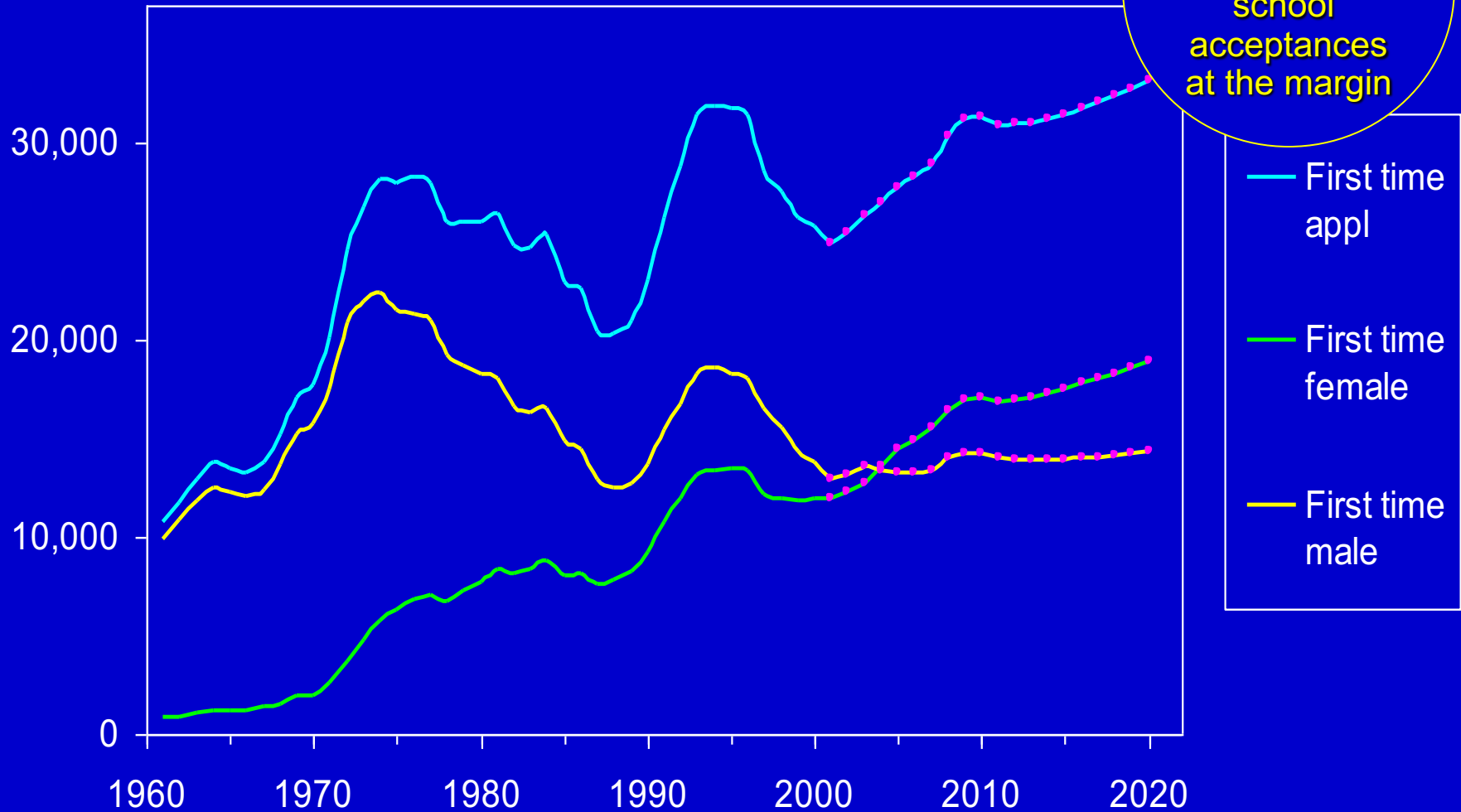
BACHELOR'S GRADUATES

1961-2001 and projected to 2012



FIRST-TIME MD APPLICANTS 1961-2001 and extrapolated to 2020

Smoothed Trend



GME CHALLENGES

1. Creating sufficient numbers of high quality positions.

2. Limitations of Balanced Budget Act of 1997”

Positions frozen at 1996 levels.

3. Budget implications of additional positions:

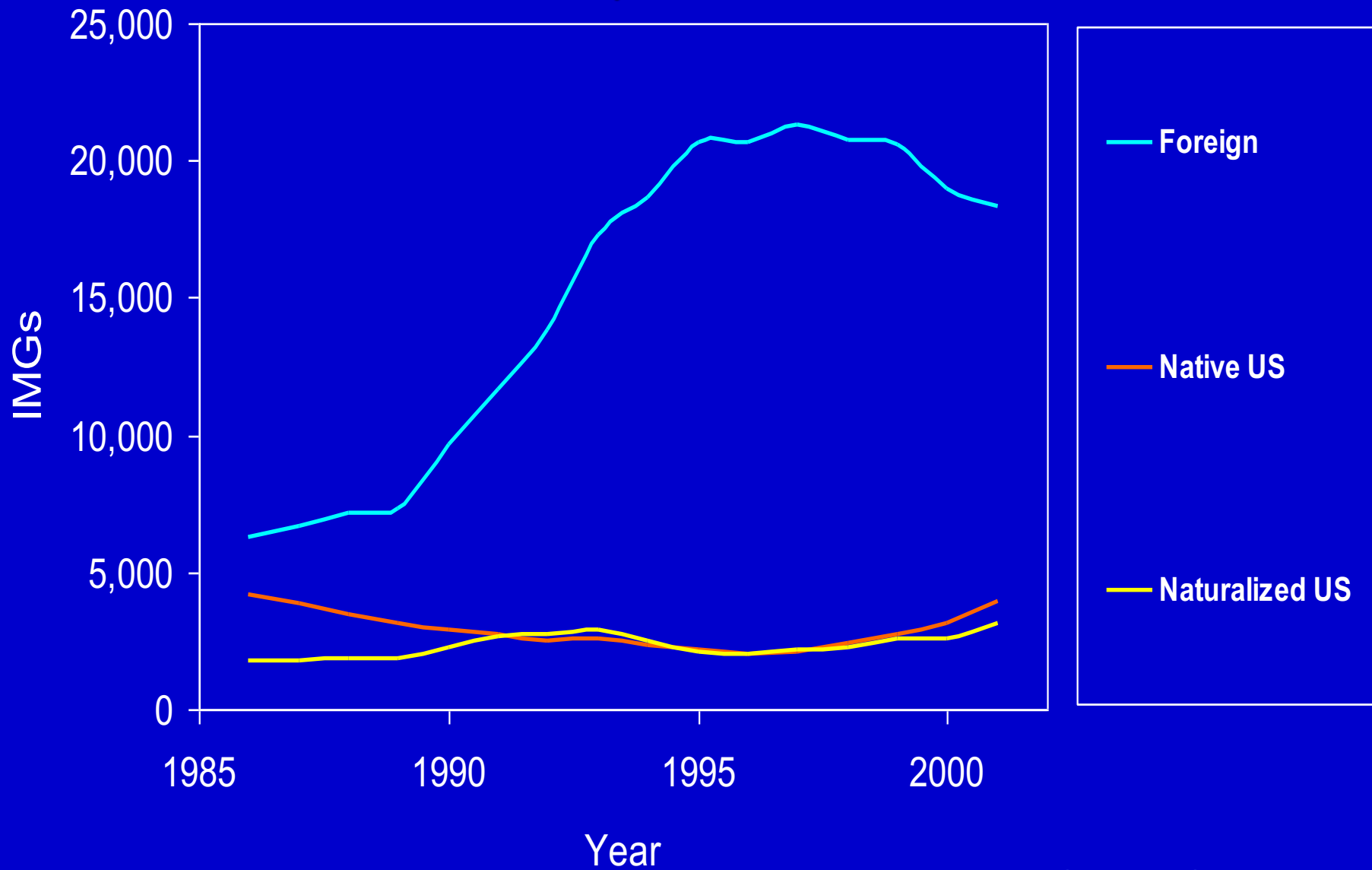
Each new PGY-1 position will obligate Medicare to \$35,000 in DME payments per year for an average of 4.5 years). 5,000 positions = \$800M

If IME payments are also allowed, each new first year position will obligate Medicare to an additional \$75,000 for 4.5 years. 5,000 positions = \$1.5B

Total increase in Medicare GME at current rates would be:
5,000 positions = \$2.3B

INTERNATIONAL MEDICAL GRADUATES

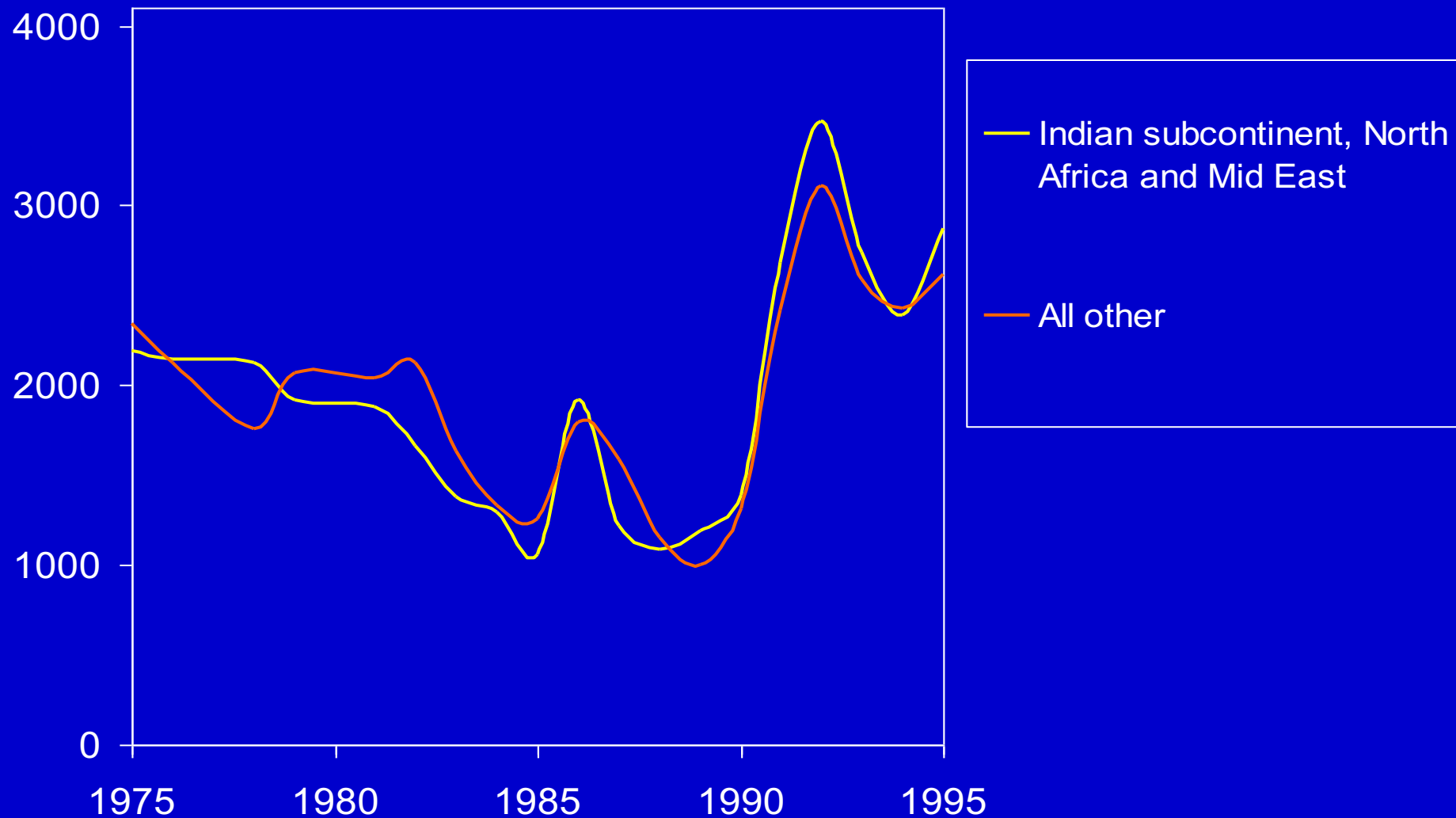
IMGs
(all years)
Citizenship or Visa Status



Corrected for unknown

NON-US IMGs

India, No Africa, Middle East vs the Rest of the World



IMG CHALLENGES

Concerns

US-IMGs vs. Foreign IMGs

Quality of educational programs

Rate of disciplinary actions

Hurdles

USMLE Steps 1, 2, 3

Clinical Skills Assessment (CSA) (cost, time)

Visas to take CSA exam

Visas to enter for residency

Decreased availability of H1b visas
(195K in 2003 → 65K in 2004)

Competition

England

Canada

Attractiveness of native countries

POTENTIALS and LIMITATIONS
of
NONPHYSICIAN CLINICIANS

OVERLAPPING RESPONSIBILITIES OF PHYSICIANS AND NONPHYSICIAN CLINICIANS



PROCESSES of CARE

Better information management

Streamlined flow of care

Safer technologies

vs.

Onerous federal regulation

Intrusive managed care review

Crippling malpractice litigation (Tort reform)

TIME FRAME OF POTENTIAL IMPACT

10-15 Expand the infrastructure for undergraduate medical education

10-15 Expand the applicant pool

5-10 Expand residency (GME) training programs

5-10 Increase the number of International Medical Graduates

5-10 Increase the utilization of nonphysician clinicians

Now Streamline the processes of care

Now Improve the legal and regulatory environment for medical practice

RECOMMENDATIONS

- Begin immediately to expand the infrastructure for undergraduate medical education.
- Expand residency training opportunities, especially in the non-primary care specialties.
- Foster continued development of opportunities for NPs and other NPCs, particularly in primary care.
- Examine the global impact of a continued dependence on IMGs.
- Review the factors that affect practice efficiency and professional satisfaction among physicians.

Thank you.



