American Hospital Association

PHYSICIAN SHORTAGE & DISTRIBUTION

CEOs and administrators of small or rural hospitals have identified physician workforce issues as among their highest priorities. Following is a brief synopsis of the issue, policy, and options on physician workforce.

The Problem:

- According to the Association of American Medical Colleges (AAMC), "**projections indicate America will face shortage of M.D.s by 2020**."[1] Because of this, the AAMC is calling for a 30 percent increase in U.S. medical school enrollment by 2015, which will result in an additional 5,000 new M.D.s annually. The AAMC also supports a conjoined increase in the number of federally supported residency training positions in the nation's teaching hospitals.

- The American Academy of Family Physicians (AAFP) came out with a report in 2006 stating that it is a priority to fund primary care (primarily family medicine residency program training) given the **growing shortage of family physicians**.[2] The full report can be found here: AAFP Family Physician Workforce Reform Report.

- The Council on Graduate Medical Education (COGME) has also strongly advised that **we need to train more physicians**. COGME, for which specialty supply is of particular concern, recommends that the number of physicians entering residency programs increase by 3,000 over the next ten years to partially remedy an anticipated shortfall of 85,000 physicians by 2020.[3]

- Back in 1998, COGME had also produced a report demonstrating that the tendency for physicians to practice in affluent urban and suburban areas – a phenomenon known as **geographic maldistribution of physicians—creates barriers to care for people living in rural and inner-city areas.** Even as an oversupply of some physician specialties is apparent in many urban health care service areas across the country, many inner-city and rural communities still struggle to attract an adequate number of health professionals to provide high-quality care to local people.[4]

Current Public Policy:

- **Code of Federal Regulations, Title 42, Chapter 1, Parts 5, 62, 57**
  http://www.access.gpo.gov/nara/cfr/waisidx_03/42cfrv1_03.html
  - Part 5 – Designation of Health Professional(s) Shortage Areas:
    http://www.access.gpo.gov/nara/cfr/waisidx_03/42cfr5_03.html
  - Part 62 – National Health Service Corps Scholarship and Loan Repayment Programs
    http://www.access.gpo.gov/nara/cfr/waisidx_03/42cfr62_03.html
  - Part 57 – Grants for Construction of Teaching Facilities, Educational Improvements, Scholarships and Student Loans
    http://www.access.gpo.gov/nara/cfr/waisidx_03/42cfr57_03.html

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[1] Association of Medical Colleges (AAMC) (2006). *Help Wanted: More Use Doctors – Projections Indicate America Will Face Shortage of M.D.s by 2020* [Brochure]. AAMC.
[2] American Academy of Family Physicians (AAFP) (2006). *Family Physician Workforce Reform*: *Recommendations of the American Academy of Family Physicians* (Draft Reprint No. 305b) [Brochure]. AAFP.
[3] Council on Graduate Medical Educations (COGME) (2005). *Physician Workforce Policy Guidelines for the United States, 2000-2020* [Sixteenth Report]. COGME.
[4] Council on Graduate Medical Educations (COGME) (1998). *Physician Distribution and Health Care Challenges in Rural and Inner-City Areas*. COGME.

- **United States Code Title 42, Chapter 6A Public Health Service**
  http://www.law.cornell.edu/uscode/html/uscode42/usc_sup_01_42_10_6A_20_V.html

- The **Shortage Designation Branch in the HRSA Bureau of Health Professions National Center for Health Workforce Analysis** develops shortage designation criteria and uses them to decide whether or not a geographic area or population group is a Health Professional Shortage Area (HPSA) **or a** Medically Underserved Area or Population (MUA or MUP). More than 34 federal programs depend on the shortage designation to determine eligibility or as a funding preference. And, about 20 percent of the U.S. population resides in primary medical care Health Professional Shortage Areas. http://bhpr.hrsa.gov/shortage/
  HPSA Database: http://hpsafind.hrsa.gov/
  MUA/MUP Database: http://muafind.hrsa.gov/

Rural Resources:

- A **J-1 Visa** allows an international medical graduate to come to the United States under an educational exchange program for up to seven years. When the visa expires, the physician must return to his/her own country for at least two years before applying for a permanent visa in the United States. J-1 Visa categories include Physicians, Professor & Research Scholar, Trainee, International Visitor, Government Visitor, College & University Student, and Short-Term Scholar.
  http://www.raconline.org/info_guides/hc_providers/j1visafaq.php#whatis

- An **H1-B Visa** valid for three years for the first time, you can then apply for an extension of another three years. After that time an alien must remain outside the United States for one year before another H1-B petition can be approved.
  http://www.raconline.org/info_guides/hc_providers/j1visafaq.php#visa

- The **National Health Service Corps** continually seeks clinicians dedicated to working with our Nation's underserved. We have created a program to connect these unique individuals with the communities that need them, and to support them during their initial time of service. Fully trained health professionals who are dedicated to working with the underserved and have qualifying educational loans are eligible to compete for repayment of those loans if they choose to serve in a community of greatest need. In addition to loan repayment, these clinicians receive a competitive salary, some tax relief benefits, and a chance to have a significant impact on a community. http://nhsc.bhpr.hrsa.gov/join_us/lrp.cfm

- The **National Rural Recruitment & Retention Network (3RNet)** are not for profit organizations helping health professionals find practice opportunities in rural areas throughout the country, serving physicians, dentists, nurse practitioners, physician assistants, registered nurses, mental health professionals, and other health care professionals. http://www.3rnet.org/

- **American Medical Student Association (AMSA)** - Rural Residencies/Health Opportunities
  http://www.amsa.org/programs/gpit/ruralurban.cfm

- The **National Advisory Committee on Rural Health and Human Services** - 2006 Recommendations
  http://ruralcommittee.hrsa.gov/2006rec.htm

- **Rural Assistance Center – Health Care Workforce**
  http://www.raconline.org/info_guides/hc_providers/

Options:

- **Recruit foreign medical graduates**
  - Recruiting foreign physicians is not a long-term answer, but many health facilities would be at a total loss without them
    http://www.nasrecruitment.com/MicroSites/Healthcare/Articles/featureH5b.html

    - International Medical Graduates (IMGs) take less desirable specialties and residencies http://www.ama-assn.org/ama/pub/category/print/14908.html
- **"Outsource" to a specialty firm**
    - It's a short-term solution that can be pricey, but it is possible for rural and other populations to access specialized care not locally available http://www.acponline.org/journals/news/may06/outsource.htm
- **Recruit professionals online**
    - 90% of 3RNet placements have gone to underserved areas http://www.raconline.org/newsletter/web/summer06.html
- **Work with other health professionals**
    - Switch the focus from production of physicians to provision of services and how PAs, NPs, and physicians will work together to care for all the people. http://www.graham-center.org/PreBuilt/physician_workforce.pdf
    - Rely on physician assistants and nurse practitioners to staff rural hospitals http://www.aapa.org/gandp/rhos.html
    - New national council, Council on Physician and Nurse Supply (based at the University of Pennsylvania in Philadelphia), plans to act as an advocate for change, finding practical methods to solve the physician and nurse staffing shortage, advising legislators on what they can do to solve the problem and working to shape policy http://www.ama-assn.org/amednews/site/free/prse0814.htm
- **Improve salary and benefits**
    - Increase pay and benefits http://www.sph.umn.edu/img/assets/15702/WorkforceShortageReportFinal.pdf
    - Offer flexible schedules and telecommuting opportunities http://www.sph.umn.edu/img/assets/15702/WorkforceShortageReportFinal.pdf
    - Training programs are expensive—states can invest money in expanding educational programs http://www.cfpc.ca/cfp/2003/Sep/vol49-sep-research-3.asp
- **"Grow your own"**
    - Mentor (i.e. work with school mentoring programs that pair students with either professionals, faculty or more advanced students for social support, academic and career guidance) http://www.futurehealth.ucsf.edu/pdf_files/Beth%20Bend%2011-1.ppt#360,9,Diversity%20Strategies
    - Build strong relationships with area colleges and partner with community organizations to attract students http://www.sph.umn.edu/img/assets/15702/WorkforceShortageReportFinal.pdf
    - Expand existing medical school programs and streamline the expansion process http://www.ama-assn.org/ama/pub/category/print/14908.html
    - Pique student interest http://www.fdl.uwc.edu/news/6-30-2006.html
    - Part-time or semi-retired physicians can be important sources of physician involvement (leadership) in program development http://www.ncmedicaljournal.com/jan-feb-06/Crane.pdf
- **The more efficient the medical care, the need for fewer physicians**
    - Train physicians to work within a multi-disciplinary collaborative care model http://www.med.wisc.edu/news/item.php?id=950
    - Enhance leadership development programs for the public health workforce http://www.apha.org/about/news/pressreleases/2006/06crisis.htm
- **Implement HIT**
    - Although planning, financing and implementation take a lot of time and energy, technology increases efficiency and manageability http://www.hhnmag.com/hhnmag_app/jsp/printer_friendly.jsp?dcrPath=HHNMAG/PubsNewsArticle/data/2006August/0608HHN_FEA_RuralIT_1&domain=HHNMAG
- **Request community support & collaboration**
    - Community leaders and local funding are crucial http://www.jems.com/data/pdf/rural-ems-recruit-report.pdf
    - Federal and state intervention to address physician maldistribution http://www.healthworkforce.health.nsw.gov.au/amwac/amwac/pdf/8sess1_calmanhauser.pdf

- Support and ensure that a variety of public and private interventions are tightly integrated and mutually supportive http://www.cogme.gov/rpt10_3.htm

Workforce Development – Case Examples:

- **National Center for Health Workforce Analysis**
  http://bhpr.hrsa.gov/healthworkforce/reports/wia/wia.htm
- **Rural Kentucky's Physician Shortage**
  http://www.mc.uky.edu/RuralHealth/Research/
- **Solutions for Rural Physician Shortage – Lexington, KY**
  http://www.uky.edu/PR/News/040216_physician_shortage.htm
- **Addressing a Physician Shortage – University of Wisconsin**
  http://www.med.wisc.edu/news/item.php?id=950
- **Overcoming Rural Physician Shortage – Appalachian Region**
  http://www.arc.gov/index.do?nodeId=1283
- **Healthcare Workforce Shortage – Minnesota Healthcare Workforce Collaborative**
  http://www.heip.org/documents/FactorFiction.pdf