Roadblock to Healthcare Access – The Physician Shortage

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For better or worse, the United States will likely pass some form of healthcare reform in 2010. Much of the debate has focused on insuring those who are uninsured or underinsured. As emergency physicians, we are acutely aware of our patients' access to care regardless of their insurance status. Everyone of us has seen insured patients who come to the emergency department after they tried to make an appointment with their primary physician but were unable to be seen for several weeks. The significant projected physician shortage over the next 10 to 15 years may worsen already- strained access to care and must be included as a major portion of the discussion as we strive to improve our healthcare system.

An impending physician shortage is not a new concept. Since 2005, studies and reports reflecting these concerns have been published by 29 states and 21 different medical specialties as well as six national reports.[1-4] The general consensus is we may be facing a physician shortage of 124,000-159,000 physicians by 2025.[1] The reasons for the shortage are multifactorial. The number of people age 65+ is projected to double by 2030.[1] First-year MD enrollment per 100,000 population continues to decline. One-third of our current physician workforce is over the age of 55 and likely to retire soon. Thirty million people currently live in federally designated health professional shortage areas, and there is a real concern those in living in these rural or inner-city locations will be most severely affected by further physician shortages.

In 2009 emergency medicine received a "D" for access to emergency care on the American College of Emergency Physicians (ACEP) National Report Card.[5] Although there were many reasons for this, we can imagine a general physician shortage will not help us improve our grade. In 2007 there were just over 30,000 active emergency medicine physicians. Almost one-third (~9200) are over the age of 55, following the general trend among all specialties of a substantial loss of physicians to retirement in the next two decades. Although the number of PGY-1 residents entering ACGME emergency medicine residency increased from 2002-2007 by 14.9%, this is insufficient to both replace the losses and fill the projected future need.

The Association of American Medical Colleges (AAMC) represents medical schools, major teaching hospitals and health systems and tracks the complex supply and demand of physicians in the U.S.[1] In 2006, the AAMC advocated increasing medical school enrollment by 30%. They also support a recent bill introduced in Congress, HR 2251, titled "The Resident Physician Shortage Reduction Act of 2009." The primary goal is to enhance the number of Medicare-supported physician residency training positions by 15%, or approximately 15,000.[6] This number has been frozen since 1997 as part of the Balanced Budget Act despite increasing demand. The bill also contains other measure to preserve current residency positions, distribute additional residency positions and facilitate payment for additional training sites.

Healthcare access has recently been highlighted by California's adoption of rules requiring health maintenance organizations to make certain they have enough physicians to meet predetermined time frames for patients to be seen, originally introduced and approved as Assembly Bill 2179.[7] Examples of the time-frame rules include 48 hours for urgent-care appointments and 10 business days for non-urgent primary care appointments. Most emergency physicians would be thrilled if our patients could receive care at this level, yet the looming physician shortage is one of many obstacles preventing this type of access.

A 30% medical school enrollment increase will moderate the shortage but will not completely solve it. A significant expansion of graduate medical education entrants from 25,000 to 32,000 is estimated to only reduce the shortage 43% by 2025.[1] Given that it can take up to 14 years to educate and train a new physician, addressing the physician shortage must be done now. Current healthcare reform bills in both the House (H.R. 3962, Affordable Health Care for America Act) and the Senate (H.R. 3590, Patient Protection and Affordable Care Act) do contain sections addressing changes in graduate medical education that can help ease the physician shortage. Ensuring our patients' access to care depends on our vocal support of these measures and more during the healthcare reform process.

REFERENCES

1. Center for Workforce Studies, Association of American Medical Colleges. The Complexities of Physician Supply and Demand: Projections through 2025. 2008. Available at: https://services.aamc.org/publications/index.cfm?fuseaction=Product.displayForm&prd_id=244. Accessed February 01, 2010.
2. Association of American Medical Colleges. The Physician Shortage and Health Care Reform. Available at: http://www.aamc.org/newsroom/presskits/physicianshortagefs.pdf. Accessed February 1, 2010.
3. Center for Workforce Studies, Association of American Medical Colleges. Recent Studies and Reports on Physician Shortages in the U.S. November 2009. Available at: http://www.aamc.org/workforce/stateandspecialty/recentworkforcestudiesnov09.pdf. Accessed February 1, 2010.
4. Center for Workforce Studies, Association of American Medical Colleges. 2008 Physician Specialty Data. November 2008. Available at: http://www.aamc.org/workforce/specialtydatabook/specialtydata.pdf. Accessed February 1, 2010.
5. American College of Emergency Physicians. The National Report Card on the State of Emergency Medicine. 2009. Available at: http://www.emreportcard.org. Accessed February 1, 2010.
6. H.R.2251 - Resident Physician Shortage Reduction Act of 2009. OpenCongress. Available at: http://www.opencongress.org/bill/111-h2251/show. Accessed February 1, 2010.
7. California State Legislature. Official California Legislative Information. Available at: http://www.leginfo.ca.gov. Accessed February 1, 2010.

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