



# ***The 8<sup>th</sup> International Medical Workforce Collaborative***

**Washington DC,  
*October 6 - 9, 2004***

## ***Opening Comments***

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**Center for Workforce Studies  
Association of American Medical Colleges**



## ***Goals of IMWC***

- Promote international collaboration in medical workforce research, evaluation and forecasting;
- Promote exchange of policy approaches across countries to address workforce planning issues;
- Enhance the ability of each country to respond to its own workforce needs; and
- Promote understanding of global trends that affect medical workforce policies.

# ***Ten Key Physician Workforce Policy Questions***

1. How many physicians will the nation need to meet its future health care needs?
2. What is the preferred mix of physicians educated within the country and international medical school graduates?
3. How many physicians should the nation educate to meet future needs?
4. If additional medical education capacity is needed, how much can and should be produced by existing schools and how much by new schools?
5. How can these additional physicians be educated and trained in an effective and efficient manner?

# ***Ten Key Physician Workforce Policy Questions***

6. How many of what types of specialists are preferred and how do you achieve that specialty distribution?
7. How can we get more physicians into underserved areas and serving underserved populations?
8. How can we increase the racial and ethnic diversity of the physician workforce?
9. What process for physician workforce planning is best for the nation? Who should do and how?
10. What role will physicians play in the future health care delivery system? How can physicians be used most effectively and efficiently?

# ***Overview of US Physician Workforce Concerns and Policies***

1945 – late 1970s: Concern with physician shortages;  
federal policies to stimulate increased supply

1980 – 2000: Concern with potential surpluses and  
primary care/specialist mix; federal guidelines and  
encouragement to limit growth

2000 – Present: Growing concern with potential  
shortages

***Key Factors Influencing the Future  
Supply and Demand for Physicians  
or  
Why I am Concerned with Potential  
Shortages and the Need for Better  
Data, Analysis and Planning***

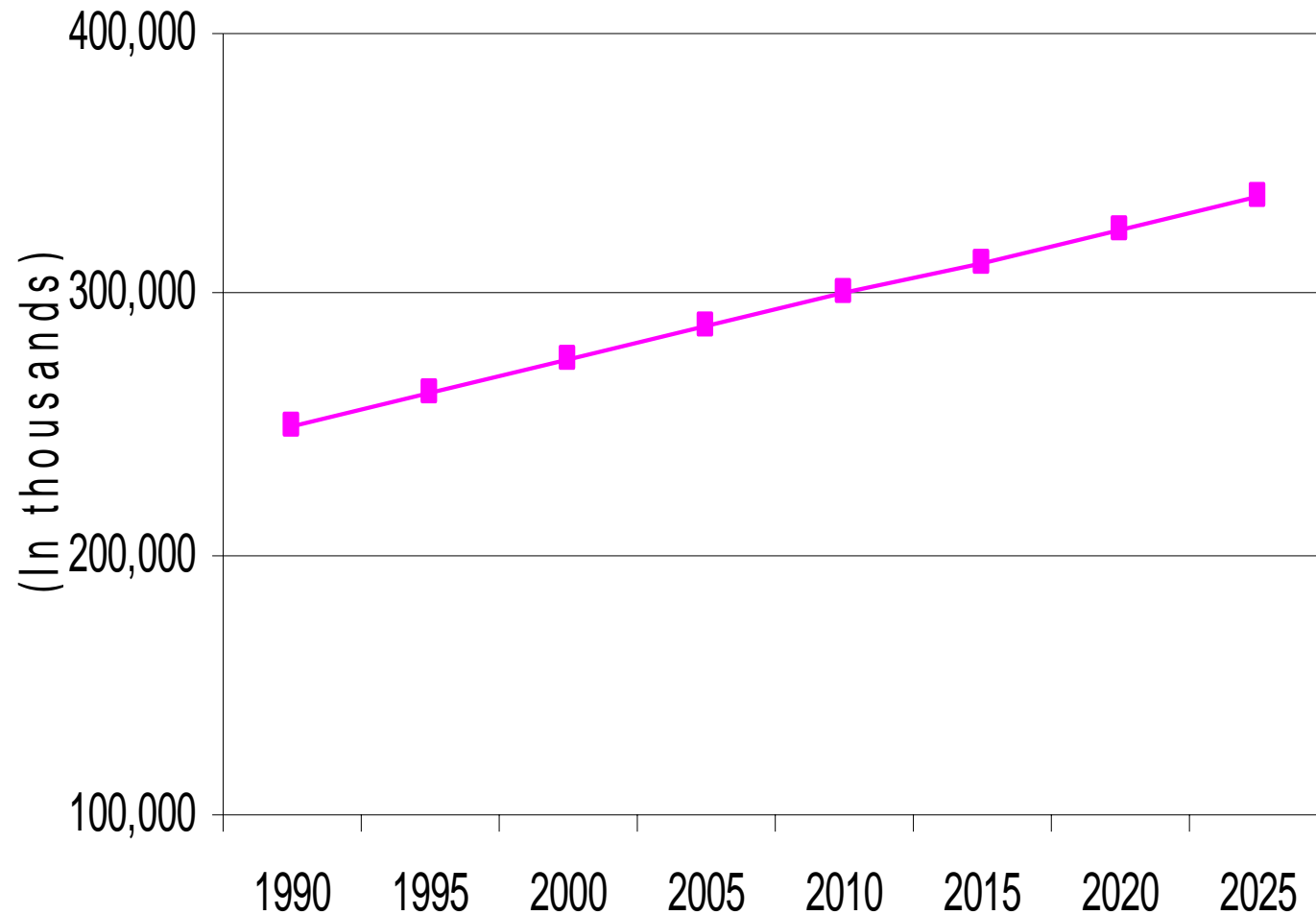


# ***Key Factors Influencing Future Demand for Physician Services***

- Growth of the population ↑
- Aging of the population ↑
- Increasing rates of utilization ↑
- Economic growth of the nation ↑
- National investment in health care interventions ↑
- Advances in medicine leading to improved diagnosis and treatment not prevention ↑
- Changes in health services delivery system ↓↑
- Efforts to weed out unnecessary/marginally beneficial services ↓
- Cost containment efforts ↓

# ***U.S. Population Growth: 1990 – 2025***

***The nation is growing by 25 million per decade!***



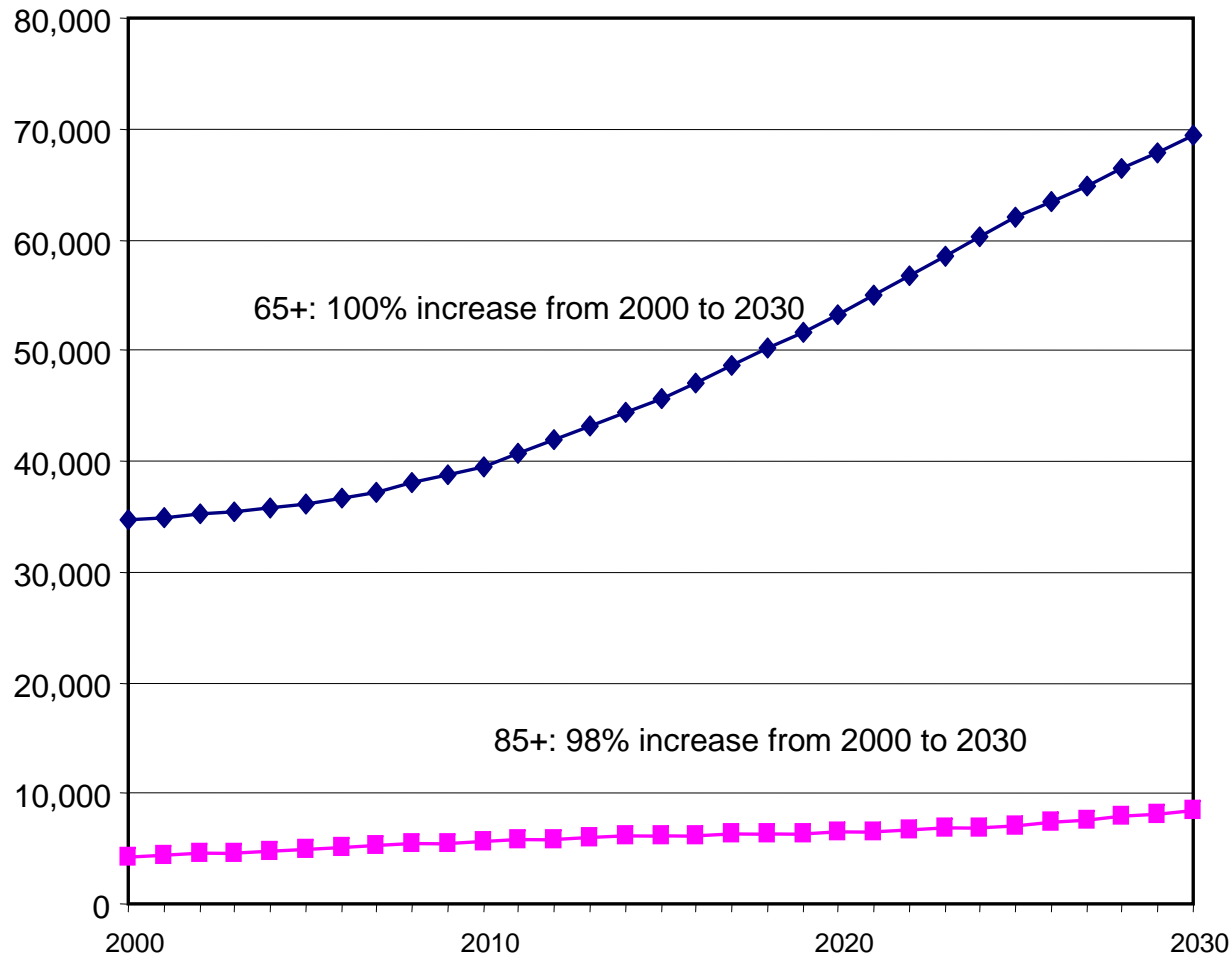
Source: U.S. Bureau of Census National Population Estimates; Middle Series Population Projections  
Prepared by NY Center for Health Workforce Studies

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# Number of Americans Over 65 will Grow by 35 Million Between 2000 - 2030

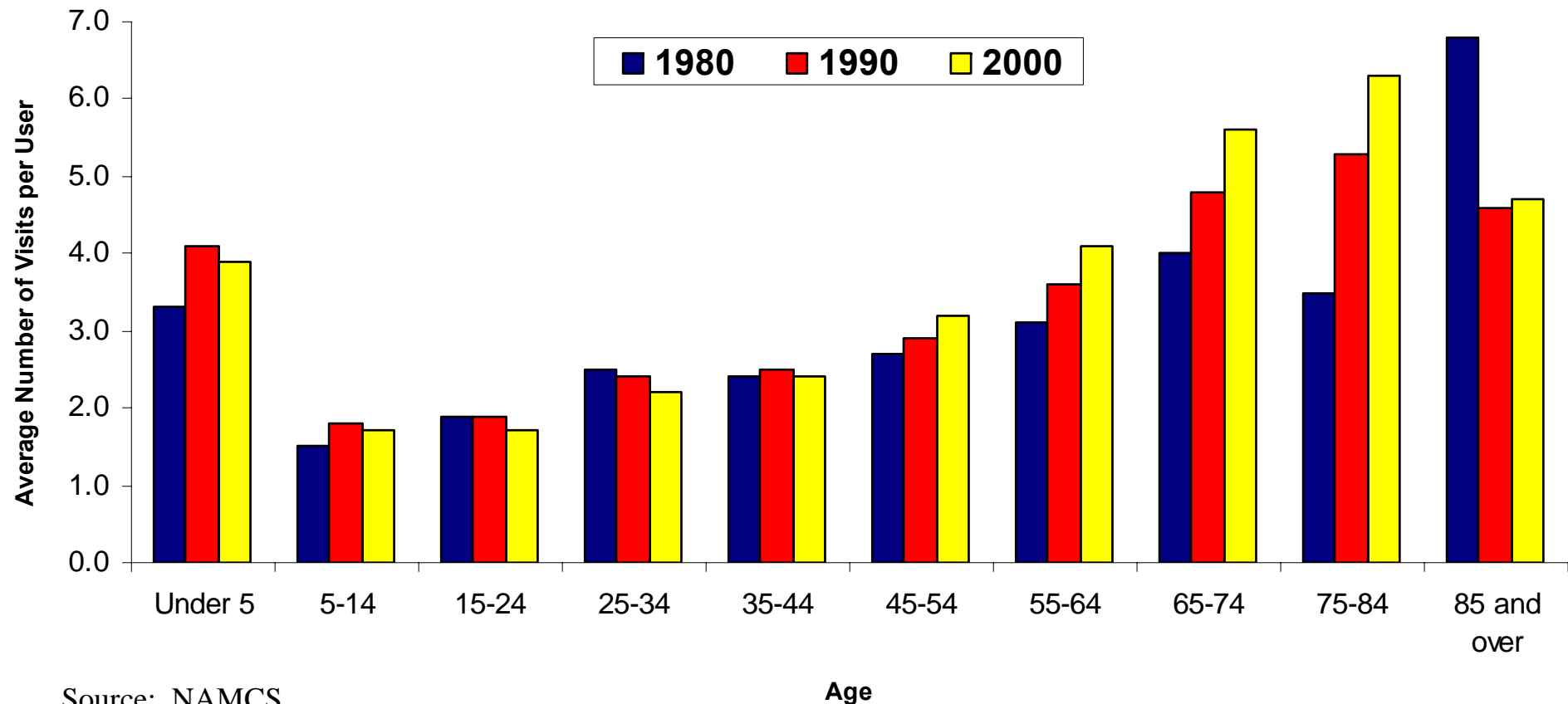


Source: U.S. Census; Prepared by NY Center for Health Workforce Studies October 2004



# ***Estimates of Ambulatory Care Visits to Physician Offices and Clinics, 1980-2000***

***Visit Rates are growing sharply for those over 45***



Source: NAMCS

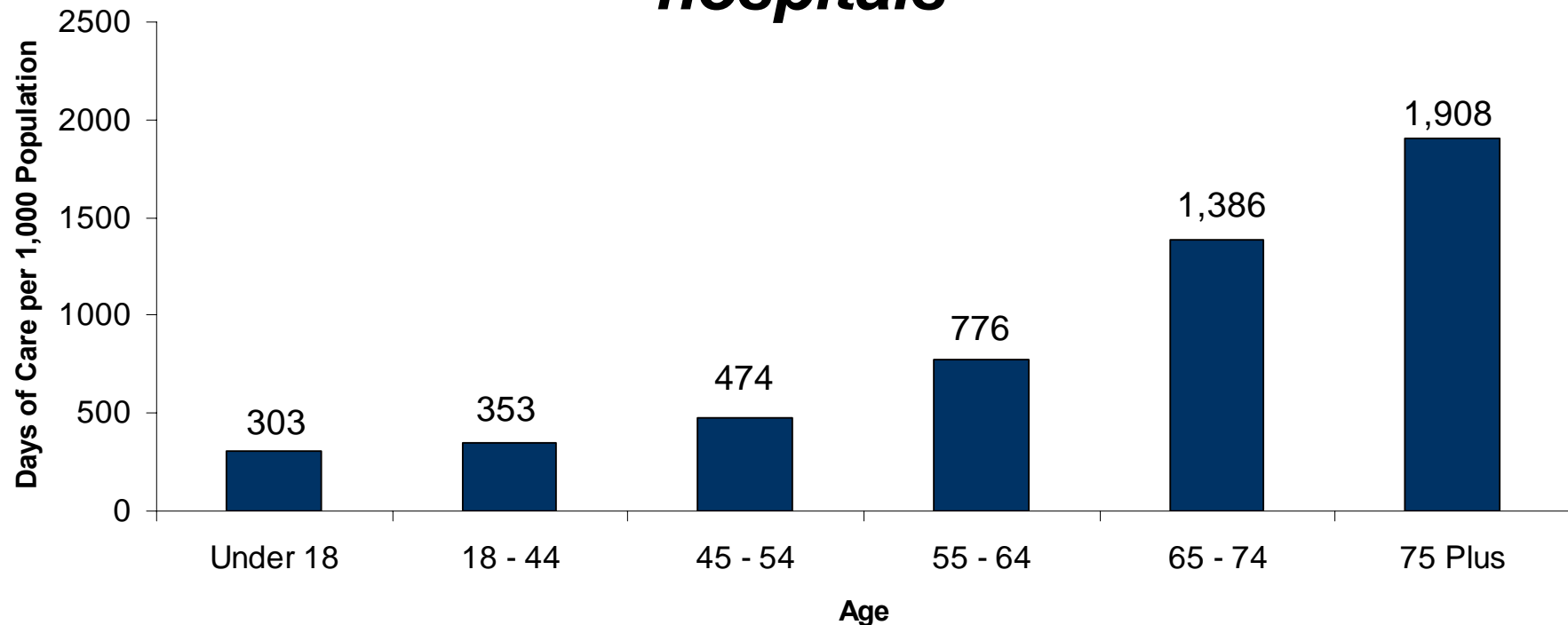
Prepared by NY Center for Health Workforce Studies

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# *Days of Care in Short-Stay Hospitals, 1999*

***The elderly continue to make extensive use of hospitals***

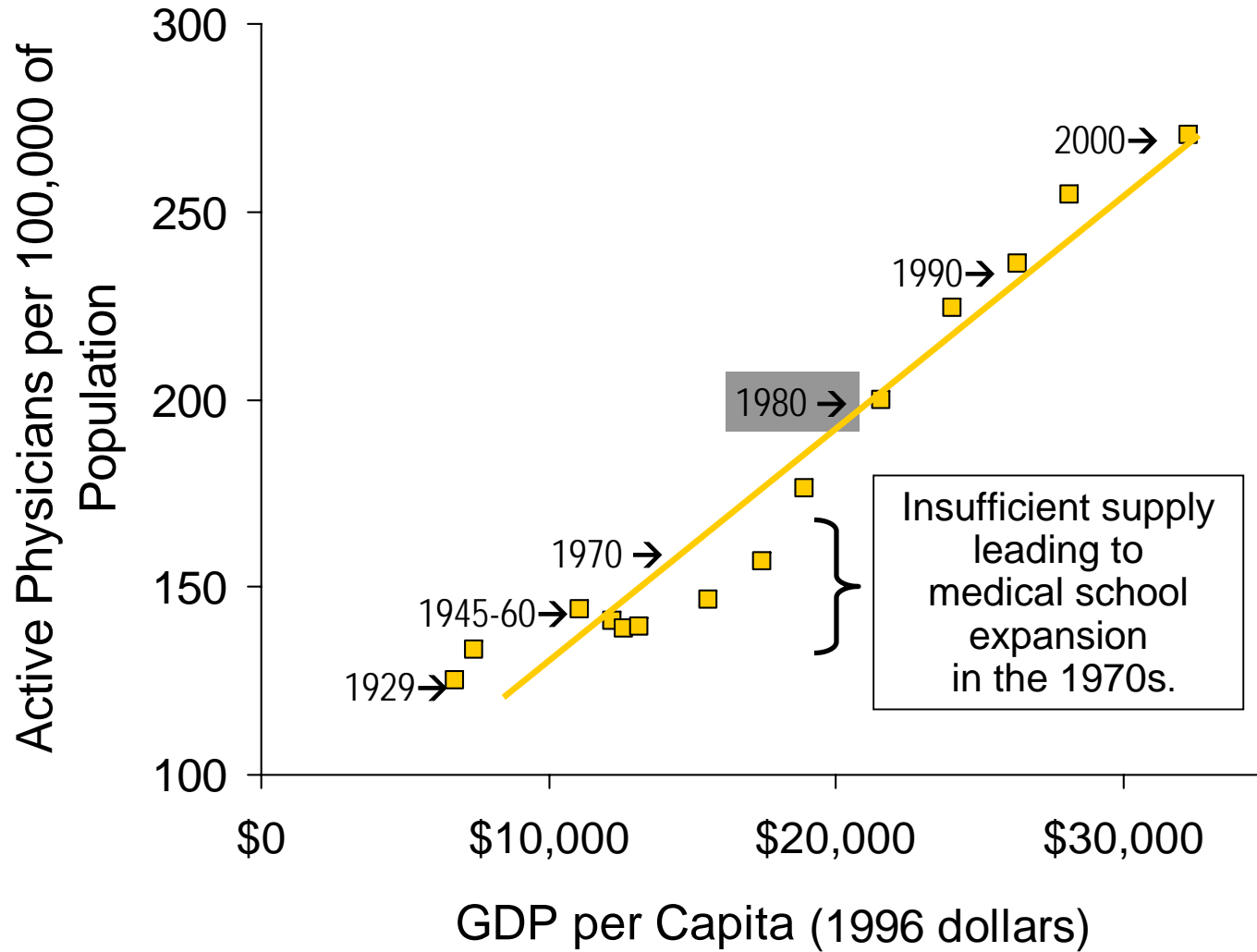


Source: National Health Interview Survey  
Prepared by NY Center for Health Workforce Studies

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# Relationship Between Active Physician Supply and Gross Domestic Product, 1929-2000 (From Cooper 2002)



MD + DO

Sources:  
 CCMC  
 AMA  
 AOA  
 BHPr  
 Fein  
 Kletke  
 Stewart  
 -----  
 BEA

Source: Cooper, 2002

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## ***Most of the Eleven Most Costly Medical Conditions Are Far More Prevalent Among the Elderly, us 2000***

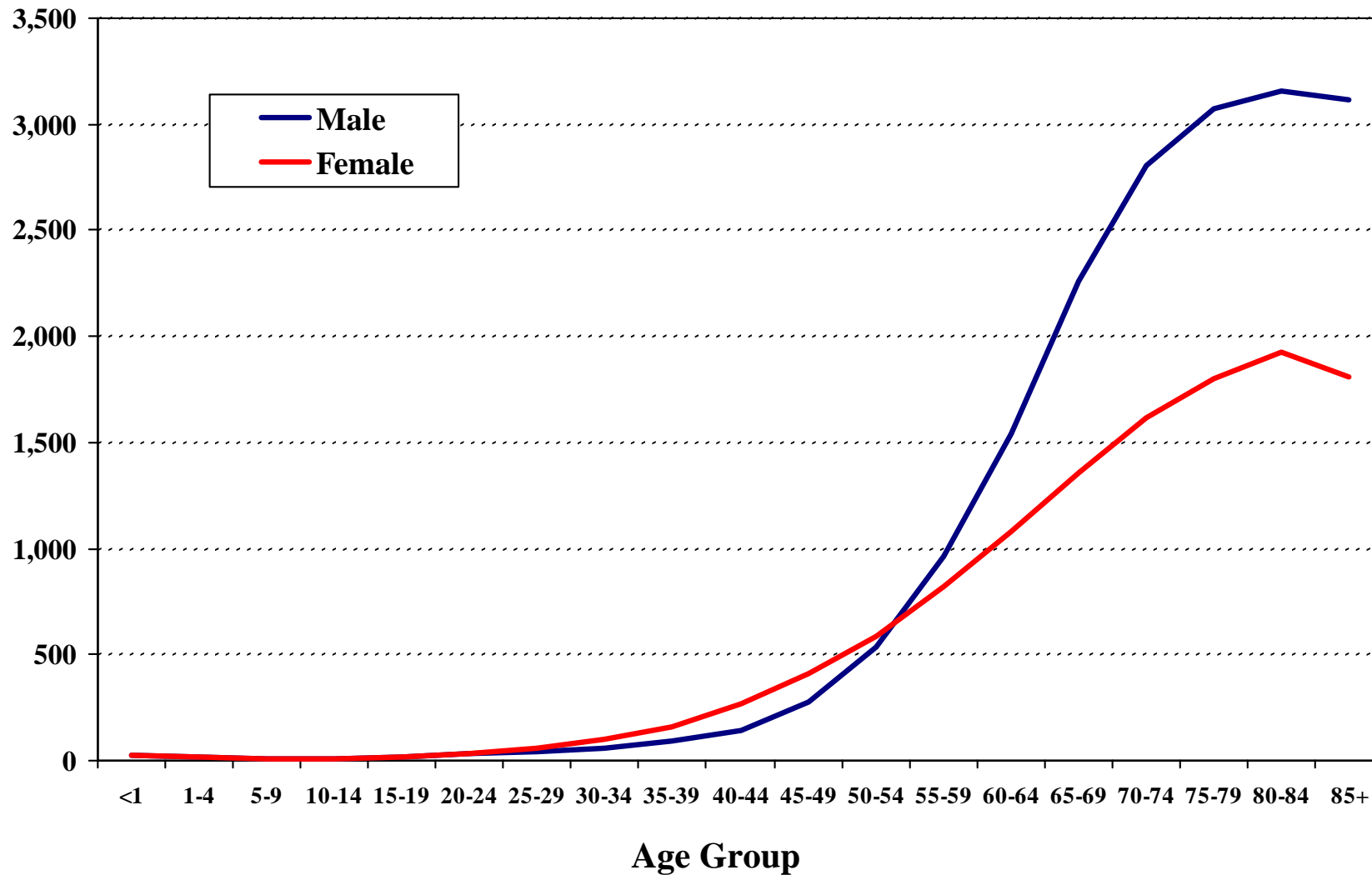
Condition	Treated Prevalence per 100,000	Spending (millions of dollars)	% in total health care spending
<b>Heart disease</b>	6,226	56,678.6	9%
<b>Trauma</b>	12,338	41,124.2	7%
<b>Cancer</b>	3,348	38,901.8	6%
<b>Pulmonary conditions</b>	15,526	36,476.5	6%
<b>Mental disorders</b>	8,575	34,439.1	5%
<b>Hypertension</b>	11,382	23,394.5	4%
<b>Diabetes</b>	4,260	18,287.9	3%
<b>Arthritis</b>	6,966	17,686.3	3%
<b>Back problems</b>	5,092	17,451.0	3%
<b>Cerebrovascular disease</b>	854	14,938.8	2%
<b>Pneumonia</b>	1,370	12,641.3	2%
<b>Total</b>		<b>312,020.0</b>	<b>50%</b>

Source: Thorpe, K.E., C.S. Florence, & P. Joski (2004)  
Prepared by AAMC Center for Workforce Studies

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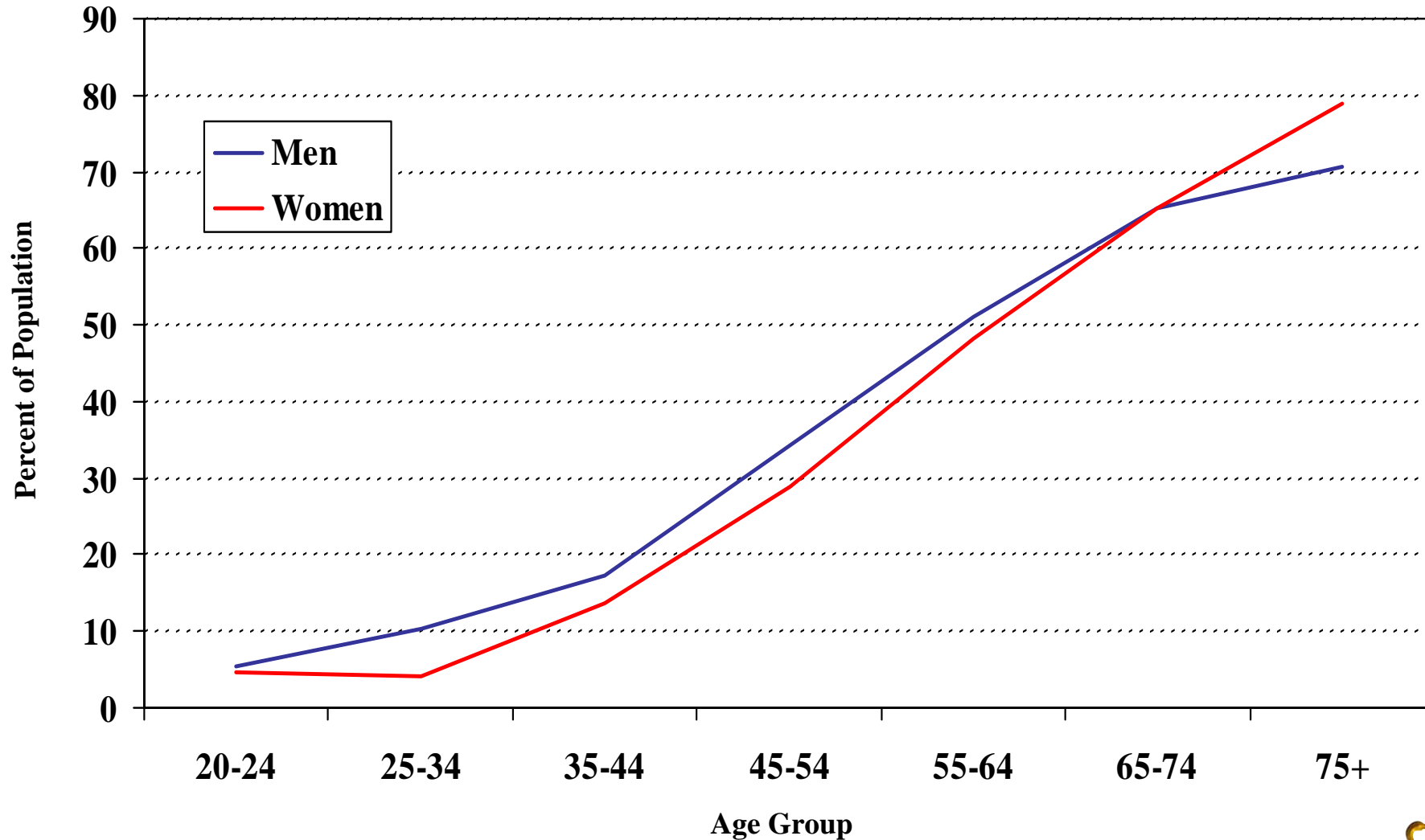
# Age-Specific Cancer Incidence Rates/100,000, 2000



Source: CDC, Age-Specific Invasive Cancer Incidence Rates by Primary Site and Race, United States (U.S. Cancer Statistics, 2000). Prepared by AAMC Center for Workforce Studies, September 2004  
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# Prevalence of Cardiovascular Diseases by Age Group and Sex, 1988-94, US



Note: Data include CHD, CHF, stroke and hypertension  
Source: American Heart Association (CDC/NCHS)  
Prepared by AAMC Center for Workforce Studies

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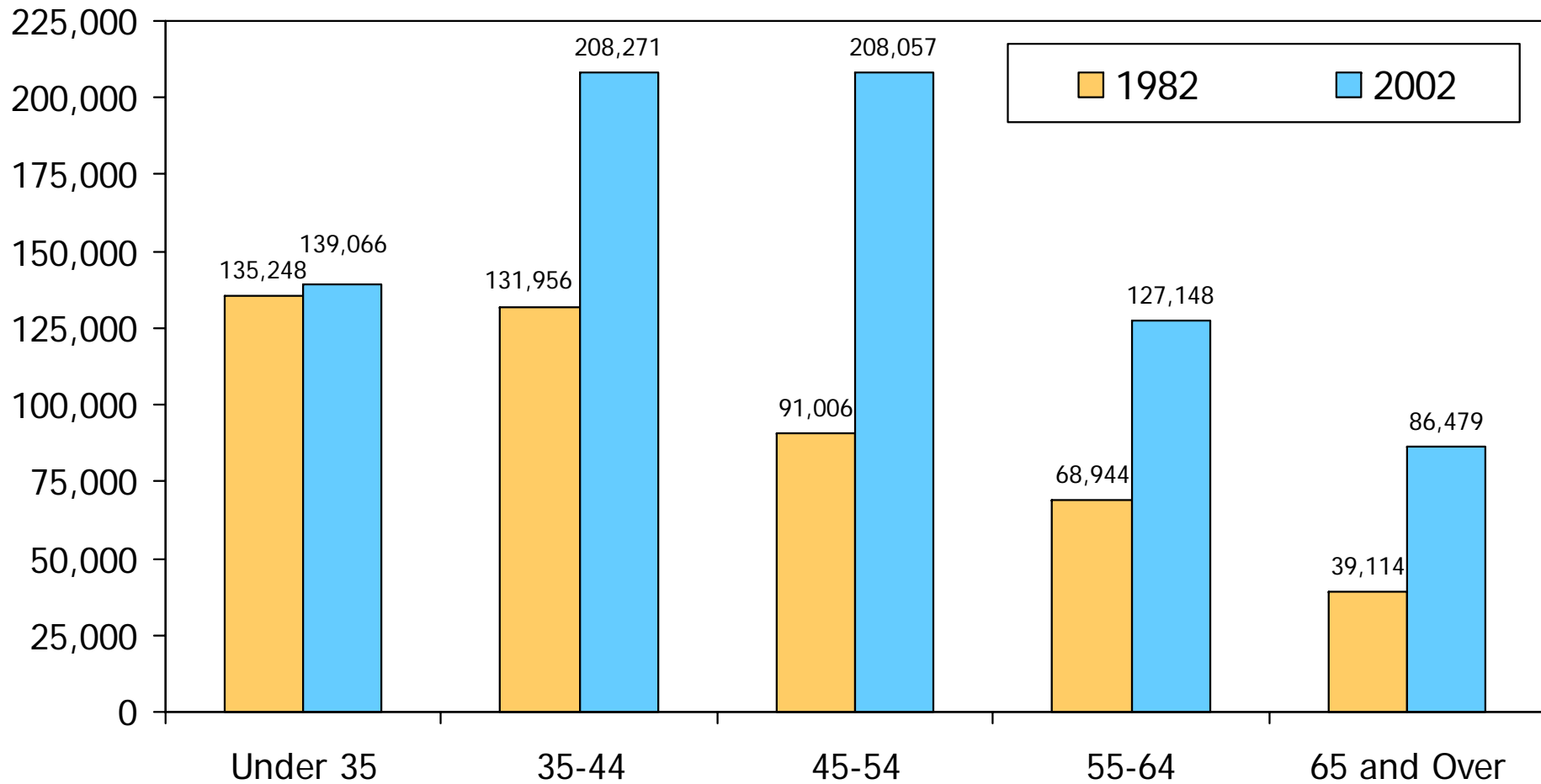


# ***Key Factors Influencing the Future Supply of Physicians***

- Changing life style choices of physicians including hours of work by younger physicians ↓
- Aging of the physician workforce ↓
- Retirement patterns ↓
- Steady level of production for more than 20 years ↓
- Possible increase in non-patient care activities ↓
  
- Possible productivity gains including improvements from technology ↑
- Increased use of NPs, PAs and other clinicians ↑



# Physician Age Distribution, 1982 and 2002



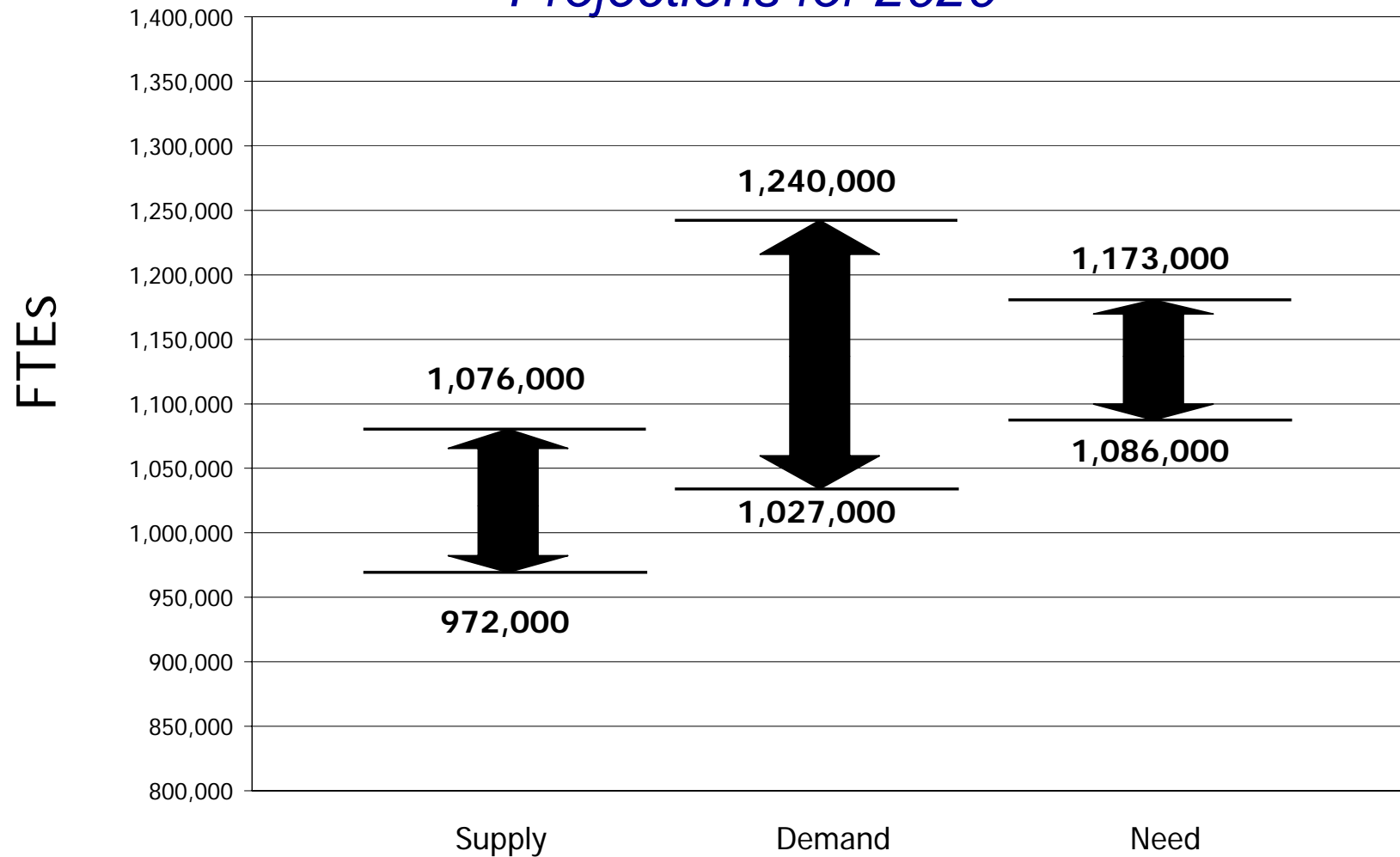
Source: AMA  
Prepared by NY Center for Health Workforce Studies

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# The 2004 COGME Report

## Physician Workforce Policy Guidelines for the US Projections for 2020



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## *Impact of the Recommended Increase in U.S. Medical Production*

- Recommend an increase of 3,000 new US medical school graduates per year phased in by 2015.
- In the absence of an increase, likely to have about 972,000 active physicians in 2020.
- The increase in medical school graduates would add about 30,000 physicians by 2020 bring the total supply to 1,002,000.
- This is far less than the likely demand of between 1,027,000 and 1,240,000 physicians *if services in 2020 are delivered as they were in 2002*.

## *Strategies to Balance Supply and Demand and to Meet Future Service Needs*

1. Increase the number of new physicians
  - a. Increase in country medical school enrollment
  - b. Increase number IMGs entering country
2. Encourage physicians to practice more hours and years
3. Make more effective use of physicians
  - a. Modify scope of practice
  - b. Increased use of other health professionals (PAs, NPs, RNs, Social Workers, etc)
  - c. Improved information systems and other technologies
  - d. Revise education and training to match changing health system and health care needs

## *The Role of the IMWC - Helping us Understand:*

- The factors influencing supply, demand and need;
- Factors that all countries are facing and factors that may be unique to our own country's policies and systems;
- Possible strategies to meet future needs, including to increase access, improve quality and constrain costs; and
- The role of data, planning and analysis and how to do it better.

## *Elements Key to the Success of the 8<sup>th</sup> IMWC*

- The knowledge and experience of the participants
- The quality of the papers
- The effectiveness of the format
- Our ability to identify the lessons for our own country
- Our ability to translate the lessons into action

# *Acknowledgments*

- The international planning committee
- The authors, discussants and other presenters
- Debbie Krohl, Albany Center for Health Workforce Studies
- AQE

## *Our Sponsors*

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