

12th International Medical Workforce Collaborative

Opening Comments

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Tomorrow's Doctors, Tomorrow's Cures

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Goals of the International Medical Workforce Collaborative

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

Sponsors of the 2010 IMWC

- ❖ **Association of American Medical Colleges**
- ❖ **The American Medical Association**
- ❖ **The Dartmouth Institute for Health Policy and Clinical Practice**
- ❖ **The Josiah Macy Jr. Foundation**
- ❖ **The federal Health Resources and Services Administration**
- ❖ **American Association of Colleges of Osteopathic Medicine**
- ❖ **Educational Commission for Foreign Medical School Graduates**
- ❖ **The Cecil Sheps Center, University of North Carolina**
- ❖ **The Healthcare Association of New York State**
- ❖ **The Lewin Group**
- ❖ **The Greater New York Hospital Association Foundation**

12 International Medical Workforce Collaborative Meetings

1996 Washington DC, USA

1997 Vancouver, Canada

1998 Cambridge, England

1999 San Francisco, USA

2000 Sydney, Australia

2002 Ottawa, Canada

2003 Oxford, England

2004 Washington DC. USA

2005 Melbourne, Australia

2007 Vancouver, Canada

2008 Edinburgh, Scotland

2010 New York City, USA

The 12th IMWC

- Timely topics
- Some new approaches
- Special thanks to Jean Moore, Deb Krohl and the rest staff from the Albany Center for Health Workforce Studies
- Thanks to the international planning committee

Health Care Reform Passes!



A major accomplishment...but now the hard part: making it work.

Health Insurance Doesn't Mean Much

Without Doctors, April 27, 2010

THE WALL STREET JOURNAL.

***Physician Shortage Expected To Deepen With
Health Overhaul,*** April 15, 2010



***With Insurance Comes a New Need: More
Primary-Care Doctors,*** March 26, 2010

The New York Times

***Health Overhaul May Raise Demand for
Primary Care,*** March 30, 2010

THE WALL STREET JOURNAL.

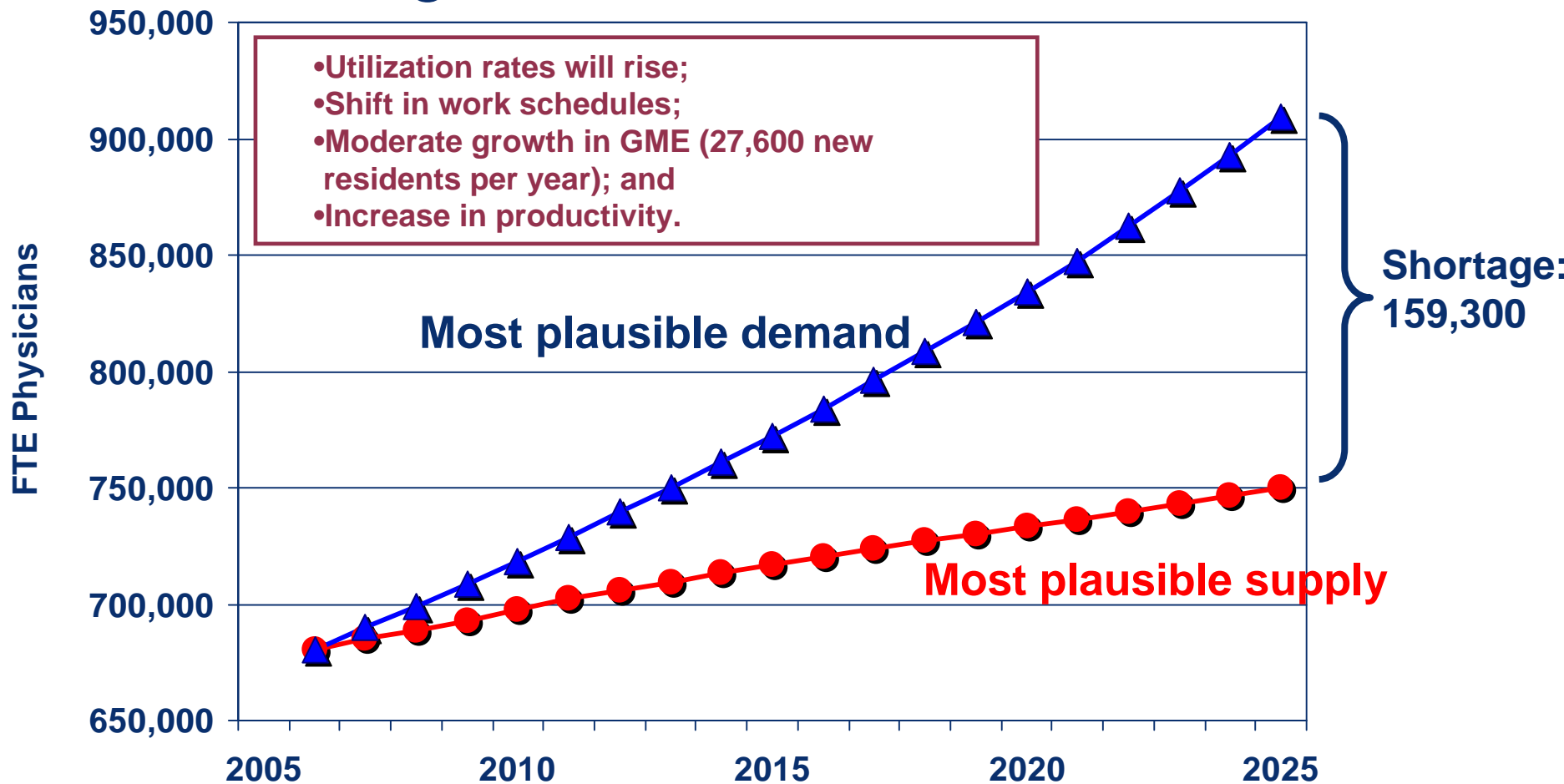
The Challenge to the Health Workforce Research Community

Will there be enough physicians? Other health workers? If not:

- What can we do to increase the supply?
- What can we do to make better use of the physicians we have?
- What can we do to assure access?
- What can we do to moderate cost increases?

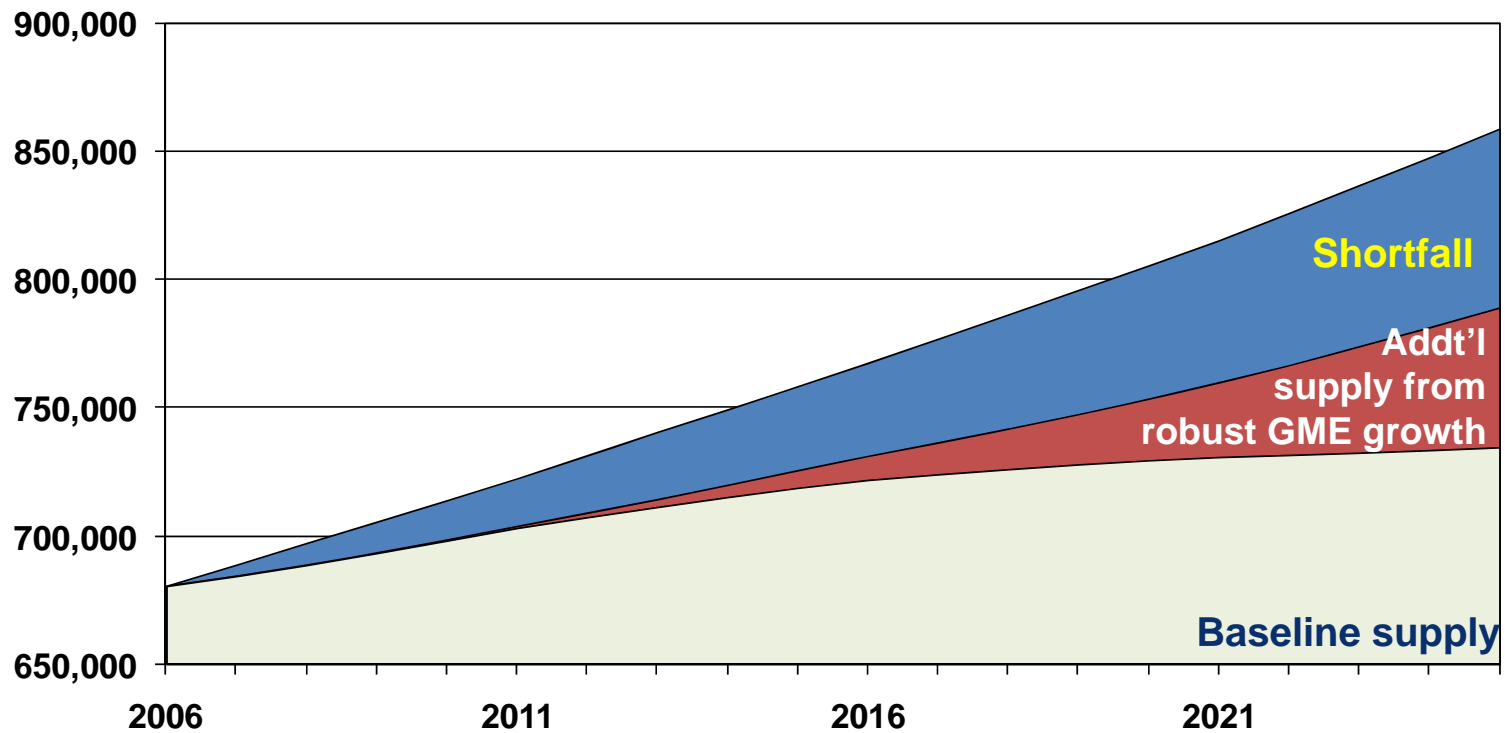
What does the physician workforce research community know that can help policy makers understand workforce needs and the potential gaps in service? And what do we know about what strategies can better assure access at a reasonable cost?

Projections of FTE Physicians: Shortages Predicted Before Reform



Source: Michael J. Dill & Edward S. Salsberg. *The Complexities of Physician Supply and Demand : Projections Through 2025* (AAMC November 2008)

Even With an Expansion of Medical School Graduates and GME We Will Not Meet All of Future Demand: Still Need System Improvements



Reflects Impact of Full Growth of GME to 32,000 Entrants Per Year

Source: Michael J. Dill & Edward S. Salsberg. (2008). *The Complexities of Physician Supply and Demand: Projections Through 2025*; Baseline projections. Center for Workforce Studies, Association of American Medical Colleges.



The Perfect Storm (1)

Gale force winds on the demand side over the next decade!

- Health care reform provides coverage to millions
- Baby boomers begin to reach 65 within the year
- Survival rates improving
- Impact of decades long increase in obesity and poor diet
- Need to address disparities in care and outcomes for poor and minorities

The Perfect Storm (2)

No rescue in sight on the supply side

- Large cohort of baby boomer physicians reaching retirement age and pent up desire for retirement as economy improves
- Gender changes likely to lead to reduced work hours
- It takes considerable time to educate and train new practitioners
- System redesign should help but uncertain impact and will take time to implement and assess
- Constraints on expenditures

The Hope and Challenge

Rising Demand is for Services

- While some of the services can only be provided by physicians, some services can be provided as effectively—or more effectively--by other clinicians and other health professionals
- Inter-professional teams can improve access and make more effective use of our limited physician supply

What Happens in a Shortage?

Supply/Providers

- Practitioners work longer hours
- Increase use of NPCs and support staff
- Extend time between visits
- More phone, email communications (if reimbursed)
- **Innovations**

Demand/Consumers

- Longer waits to get appointments
- Increase ER use
- Travel greater distances to care
- See a different type of provider
- **Some patients don't get needed care**

In the USA: Health Care Reform

Health Care Reform (PPACA) includes many provisions to help foster better workforce planning and primary care

While demand will be higher, we will now have some information and tools

Workforce Provisions

- Many, diverse ideas and strategies
 - Encourage exploration and study
 - Provides process and structure
 - Promote data collection, analysis and dissemination
 - Very limited central control
- **Critical next steps**
 - **Regulatory action**
 - **Appropriations process**
- Tremendous potential but ultimate success uncertain

Observations on Workforce Planning

- ✓ Similarities between the 4 countries despite the greater authority for workforce planning in England, Canada and Australia
- ✓ The great aversion to government “planning” in America
- ✓ The tremendous creativity at the local
- ✓ The changing mind set in the USA: the health care reform discussion has changed the landscape and released enormous energy

Observations:

One approach to government “planning”

- ✓ Data and information
- ✓ Encouraging innovation
- ✓ Facilitating communication
- ✓ Evaluating outcomes
- ✓ Correcting market failures
- ✓ Aligning policies and priorities-softly

The IMWC: Next Steps

- ✓ Future depends on you
- ✓ Format and content not set
- ✓ Your input and ideas are essential



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