

Graham Center Policy One-Pager

Trends in Physician Supply and Population Growth

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The physician workforce has steadily grown faster than the U.S. population over the past 30 years, context that is often absent in conversations anticipating physician scarcity. Policy makers addressing future physician shortages should also direct resources to ensure specialty and geographic distribution that best serves population health.

Current focus on the physician shortage calls for historic perspective on the growth of the physician workforce and a close examination of the capability of our current workforce to meet population needs. Workforce adequacy remains open to debate in light of the relentless, outsized growth of health care and the federal health policy's "triple aim," which focuses on care, health, and cost.¹

We examined the growth rate of the direct patient care physician workforce and its specialty and primary care components using the U.S. Department of Health and Human

Services Area Resource File (1980 to 2000), American Medical Association Physician Masterfile (2000 to 2010), and the U.S. Census (1980 to 2010). The data are presented in the accompanying figure. Physician-to-population ratios have steadily increased every decade since 1980. The rate of growth in the physician workforce has decelerated in the past decade, but still outpaces population growth.

However, many segments of the population, especially vulnerable populations, have difficulty accessing physician services, a problem likely to increase amidst insurance reform and a patient aging trend.² A relative shortage in the physician workforce with geographic and specialty maldistribution contributes to difficulties in accessing needed services.^{3,4} Simply increasing the number of physicians may not be as effective as focused investment in a specialty and geographic balance that is more accountable to population needs.^{2,5}

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REFERENCES

1. Berwick DM, Nolan TW, Whittington J. The triple aim: care, health, and cost. *Health Aff (Millwood)*. 2008; 27(3):759-769.
2. Council on Graduate Medical Education. *Advancing Primary Care*. Rockville, Md.: U.S. Department of Health and Human Services; 2010.
3. Colwill JM, Cutice JM, Krause RL. Will generalist physician supply meet demands of an increasing and aging population. *Health Aff (Millwood)*. 2008; 27(3):w232-w241.
4. Association of American Medical Colleges. The complexities of physician supply and demand: projections through 2025. November 2008. <https://members.aamc.org/eweb/upload/The%20Complexities%20of%20Physician%20Supply.pdf>. Accessed July 10, 2012.
5. Medicare Payment Advisory Commission. Report to the Congress. Aligning incentives in Medicare. June 2010. http://www.medpac.gov/documents/jun10_entirereport.pdf. Accessed October 25, 2012. ■

Physician Growth Rate

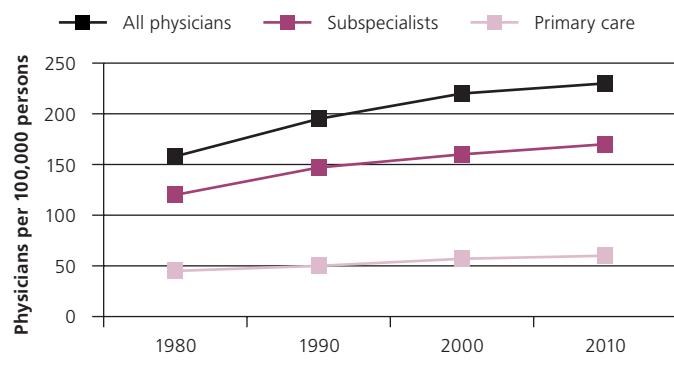


Figure. Physician-to-population ratios have steadily increased every decade since 1980. The rate of growth in the physician workforce has decelerated in the past decade, but still outpaces population growth.

Information from the U.S. Department of Health and Human Services Area Resource File (1980 to 2000), American Medical Association Physician Masterfile (2000 to 2010), and the U.S. Census (1980 to 2010).