

Recent Studies of the Family Physician Workforce:

Implications for Education and Training

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Context

Informed by the Future of Family Medicine Project,
Stimulated by policies proposed by COGME and the AAMC,
Some recognition that the share of visits by children to family physicians was shrinking
The AAFP concluded it is time to reconsider its workforce policies.

The AAFP Chartered 2 Studies to:

- ◆ Review prior physician workforce studies
- ◆ Characterize the current family medicine workforce (2004)
 - Overall Workforce
 - Child health workforce
- ◆ Assess the supply, demand, and need for family physicians, 5-15 year time frame
- ◆ Propose some conclusions and possible recommendations for future policy

The Physician Workforce of the United States A Family Medicine Perspective

In Collaboration with:
The Center for the Health Professions, UCSF
October, 2004

Report to the Task Force on the Care of Children by Family Physicians

In collaboration with the American Academy of Pediatrics
Center for Child Health Research
June, 2005

Primary Questions

How many family physicians are required to meet the needs and the demands of the US public?

How has the role of family physicians in medical care for children changed, and what are the potential causes and consequences of these changes?

Trends

Physicians

Family Physicians (MD&DO) 1900-2004 (Cultice and Colwill)

Year	Count	% of Total
1900	114,140	87%
1930	110,770	69%
1980	67,900	18%
2004	94,477	15%

Current Physician Workforce

In 2004, in the United States:

- ◆ Approximately 620,727 active physicians in direct patient care.
- ◆ About 222,059 are primary care physicians
 - 80,220 FPGP MD 13,615 FPGP DO
 - 13.5% of MD 41.3% of DO

Direct Patient Care Physicians (MD&DO)

	FP	FPGP	PC	Not PC	ALL
1981	24,995	54,013	114,077	209,308	323,385
1991	45,355	67,078	156,291	294,147	450,438
2001	67,860	85,656	204,068	370,678	574,746
Change 81-01	+172%	+59%	+79%	+77%	+78%

Population growth = 27%

Physicians in Direct Care of Children

	FP/GP	General Pediatricians	Birth rate/1000
1981	54,013	20,051	15.8
1986	60,311	24,128	15.6
1991	67,078	30,080	16.2
1996	77,185	35,202	14.4
2001	85,656	41,753	14.1
% Change	+59%	+108%	-11%

Active Pt-Care Physicians 2004

Physicians	Number (%)	#/Persons
FP/GP	91,627(14.8%)	1/3202 pop
GIM	85,293(13.7%)	1/2556 adult
GPEDS	45,139(7.3%)	1/1650 child
PCP's	222,059(35.8%)	1/1321 pop

Active Pt-Care Physicians 2004

One FTE physician for every
1000-1200 children

336,000 PC Clinicians

Including NPs and PAs, 2004:

- ◆ 336,000 primary care clinicians in direct patient care
- ◆ The largest and best-trained primary care workforce ever in the US



Visits to the Offices of Physicians

	FP/GP	GIM	GPEDS	PC	Not PC
1980-1984	33%	12%	11%	56%	44%
1985-1989	30%	12%	12%	53%	47%
1990-1994	27%	14%	11%	52%	48%
1995-1999	25%	16%	11%	52%	48%
2000-2003	24%	16%	12%	52%	48%

of visits 530 million – 838 million



Childrens' Visits

	Child visits FP/GP	Child visits per General Pediatrician
1993	642	2,336
1994 - 96	569	2,446
1997 - 99	521	2,169
2000 - 02	429	2,347
Change 1993 to 2002	-33%	0%



Childrens' Visits

	FP/GP	General Pediatricians	All other Physicians
Total visits	21%	53%	26%
Rural			
Non-MSA	34%	40%	26%
MSA	18%	55%	26%
Age Groups			
0-5 yrs	16%	73%	11%
6-12 years	25%	47%	29%
13-17 years	26%	24%	50%



Trends

Medical Students and Residents



The Supply of Medical Students

MD students

67,327 steady since 1984

(poised to grow over next 2-5 yrs)

DO students

10,817 more than tripled since 1975

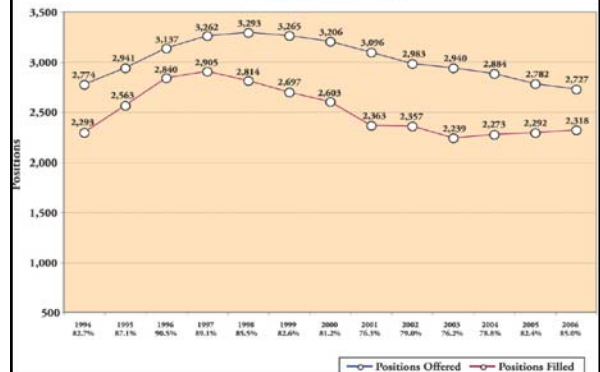


Rural-background Medical Students

- ◆ No decline in rural applicants
- ◆ Rural acceptance rate
27%, 1983 16%, 1999
- ◆ Medical class expansion exclusively urban
- ◆ 47% Decline of rural students 1976 – 2000
- ◆ Rural students = 20% choice of FM
replaced by urban group = 11% choice FM



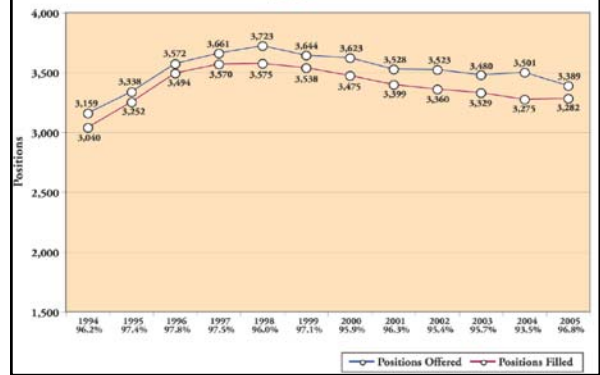
Family Medicine Positions Offered & Filled in March 1994 – 2006



Comparison of Primary Care Positions Filled with U.S. Seniors in March 1996 – 2006



Family Medicine Positions Offered and Filled in July 1994 – 2005



Shifting characteristics of FP residency grads: 1975-2005

Year completed FP Residency Program	Total Grads	Percentage Osteopath	Percentage IMG	Percentage Female
Total	77,540	9.7	15.2	34.1
1975	581	3.3	10.3	6.4
1980	1,850	2.5	12.4	15.1
1985	2,398	2.8	13.7	22.9
1990	2,456	9.5	10.3	30
1995	2,583	10.1	21.9	40.3
2000	3,663	13.5	11.2	45.3
2003	3,457	16.1	22.9	48.9
2004	3,291	16.7	26.6	49
2005	3,148	16.9	30.5	52

The Supply of FM Residents

39.6% of first-year family medicine residents in July 2005 were IMGs

Current FM workforce 16% IMG's

Different Types of Models

Supply and Demand (Economic)

Planning (Shortages/Surpluses)

Need (Rationale)

Vary according to their basis, framework, objectives, components, math, and data sources.



Supply/Demand vs. Planning vs. Need

	Supply & Demand	Planning	Need
2004 (*actual #)	*93,837	*93,837	83,300
2010	112,160	105,757	88,000
2015	130,134	116,838	91,700
2020	150,989	129,081	95,600



Special Cases, Rural

About 62 million people live rural

Of these, about 31% live in counties with at least one town with a population of 20,000 or more, and 12% live in counties *without* a town with as many as 2,500 people.



Number Active Direct Patient Care Physicians in Non MSAs (MD+DO)

	FP	GP+FP	Primary Care
Physicians	17,672	20,946	34,005
Population per Physician	3,485	2,940	1,811
Physician per 100,000	28.7	34.0	55.2



Most Rural

In counties with towns of 2500-20,000 people more than 29,000 family physicians are needed if each serves 1200 patients.

These numbers grow as population grows:

2010	30,824
2015	32,164
2020	33,503



Community Health Centers (CHCs)

- ◆ Serve 3600 communities in every state and territory
- ◆ In 2005 60+ million visits for 15 million people
- ◆ Primary care physicians are 96% of their physician staffing,
- ◆ Over half are FPs



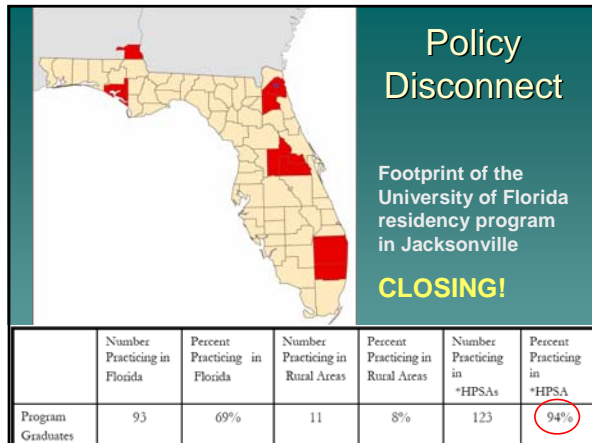
The National Health Service Corps

- ◆ Addresses the most extreme physician distribution problems.
- ◆ 1971-1999, placed 18,000 providers
- ◆ 47% were FP/GP = 16,000 years of service
- ◆ In 1999, 78% of NHSC PC physician FTE's were FPs, in full-county health professions shortage areas



A Bottom Line

The nation's rural areas, CHCs and communities served by the NHSC depend on family physicians.



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How Many is Enough?

Future of Family Medicine model and HMO models suggest about 1:1200 for primary care

(Pediatricians use a higher ratio, and the workforce currently exceeds it)



A Key Conclusion

Policies of the last 30 years focused on:

- ◆ Increasing primary care, particularly to replace general practice

Do we have enough medical students?
Residents? Physicians? FPs?

More importantly, what do we want them to do? How will they do it?



Why touch workforce policy at all?

COGME & AAMC

COGME and AAMC called for:

- ◆ 15% expansion of MD student positions (AAMC may soon raise this to 30%),
- ◆ 12.5% increase in residency positions over 10 years, and
- ◆ rolling assessments generalist-specialist mix without a targeted goal



The Buzz...

More radical workforce gurus say we'll need 200,000 more physicians in 2020

.....most of them specialists



What's the Risk?

- ◆ Continue devaluation of primary care
- ◆ Continue starvation of primary care
- ◆ Population health decline
- ◆ Opportunity costs
 - More money shunted to healthcare
 - Underfunding education, social programs



Options

- ◆ Focus on quality of training
- ◆ Reduce workloads for family physicians
- ◆ Change the work
 - new roles and a stronger focus on quality and performance,
- ◆ Change the model—FFM (and train for it!)
- ◆ Respond to important unsolved access problems, and/or
- ◆ Compete for increased market share



Options--Children

- ◆ Relinquish care for children to pediatricians--focus on aging adult population
- ◆ Relinquish most care for children--focus on children in rural and underserved sites
- ◆ Compete head-to-head for a shrinking child healthcare market—beef up our brand



Options--Children

Seriously engage pediatricians, NPs, and PAs in meaningful collaboration to build a new model of practice that benefits from all sets of skill and compassion to provide better care in a family and community focused environment

(Will need collaborative, team training too!)



Convergence of Language

The Future of Family Medicine report:

“steps must be taken to ensure every American has a personal medical home that serves as the focal point through which all individuals—regardless of age, sex, race, or socioeconomic status—receive a basket of acute, chronic, and preventive medical care services.”



Convergence of Training?

General internists, pediatricians and family physicians are talking about Medical Homes

Pediatricians now recognize that achieving their goals requires working with families

There may be an opportunity for more collaborative and team training



“No one can claim to know what would be the proper overall physician-to-population ratio for the United States or for any of its regions”

--Uwe Rhinehart 2002

The confusion of focus—is it numbers or purpose that should drive workforce policy?

Begs for humility, creativity, and leadership

Perhaps we should focus on what the physician workforce and particularly family physicians, will do—and then train them to work in models, practices, and teams to get it done!

STFM should have a prominent role

